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GUY'S HOSPITAL GAZETTE

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Vol. LXIX No. 1734 8th January 1955 ***One Shilling***

Wills Lib

PASSIM

ON the evening of Christmas Day, in an outburst of spontaneous enthusiasm and affection a large crowd of students, nurses and housemen did honour to Sister Cross who, this month, is retiring from the post of Night Superintendent which she has held for the past 11 years.

On leaving the Superintendent's Office that night for her normal round she was met by a cheering deputation, complete with wheeled chair. In this she was swiftly transported into the Park. " Auntie's in the Park ! " was quickly passed about, and the crowd grew with speed. Then the scene took on a gaiety which only Christmas can bring. To the sound of " For she's a jolly good fellow " they brought her to the steps of Hunt's House: mistletoe appeared miraculously from many a pocket and due toll was soon exacted. One gentleman at least was seen to implant an affectionate kiss while holding aloft the remnants of a turkey (no doubt carried from one of the ' bone picking parties ' which were in full swing at the time) obviously under the erroneous impression that it was a branch of the mystic bough. There were cries of " Speech ! Speech ! " while above the tumult we caught a plaintive male voice, battling against the din, calling " Pray silence for Her Nocturnal Majesty ! "

In all this Sister Cross maintained a commendable composure. When silence was at last achieved, she spoke. In a few simple words she thanked her varied retinue for their kindness. Cheers and tumult again immediately broke out, and then, carried shoulder high, she was transported in triumph amid an ever gathering throng to the Nuffield Quadrangle where, around the statue, 'Auld Lang Syne' was sung. At last she regained the serenity of the Assistant Matrons' office. Sister Cross was reliably reported to have observed that she had seen many strange events at Guy's but never anything quite like this. When we met her on the stairs an hour or two later she was calm, though pale, and about her duties as usual, but we doubt whether she, or we, will ever forget the great event of Christmas night or the underlying affection which prompted it.

We note with great pleasure the appearance in Her Majesty's New Year Honours List of the name of Professor R. R. Macintosh. Professor Macintosh, who is one of the new Knights Batchelor is, of course, well known to us all. He is Nuffield Professor of Anæsthetics in the University of Oxford and a most distinguished son of Guy's. We offer him our very warm congratulations.

On Boxing Day the Staff played a most successful rugby match against the Students. The latter were roundly defeated. The memories of the watchers will include some storming play by two Consultant Obstetricians together with activities of varying quality by a selection of people whose absence from the game had in some cases lasted over ten years. This most entertaining match must be played every year from now onwards. It serves well to blow away the fumes of Boxing Day.

Not, we believe, since the days of the " Niggers " has there been a concert party of the type which was organised by Mr. Grant Massie's take-in firm at Christmas time under the able leadership of their registrar Mr. Frank Ellis. Two performances were given, one in *Lydia* and another, on a rather more elaborate scale, in *Wilks.* We feel that this successful effort may provide a starting point for further Christmas entertainment for which there seems to be ample domestic talent. On another page we give an account of the programme and of the performers.

Those Guy's men who have been bemoaning the state of Guy's rugby may take pleasure from two things as we start 1955. One is that the Hospital, on the current tables of play, possesses the best record of any hospital side. The second and more individual triumph is that a member of the Hospital XV, N. A. Labuschagne, has been playing in recent England team trials. We are delighted that his name appears in the final international team list. It is always a great fillip to club rugby for the team and its supporters to know that among their number are men of international or near international class. The standard of play is thus declared and often to some extent maintained.

GUY'S DIARY

1955 JANUARY			Exhibition. Department of Surgery. *Haematuria.*
10th	M	1.00	Dr. V. E. Lloyd. Clinical Lecture. *The Early Stages of Syphilis.*
11th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Some Congenital Deformities.*
12th	W	4.45	Dr. P. A. I. Gorer. Science Club. *Immunity in Tissue Transplantation.* Staff Common Room (Tea 4.30 p.m.).
13th	Th	5.00	X-ray Meeting. Gordon Museum. Mr. Murray Falconer. Neurosurgical Demonstration.
14th	F	1.00	Dr. H. E. Holling. Clinical Lecture. *Congestive Cardiac Failure.*
		2.15	Combined Round. Pre-clinical Classroom.
15th	S		Rugby 1st XV *v.* Old Millhillians (H.O.P.).
17th	M	1.00	Dr. T. A. B. Harris. Clinical Lecture. *Drugs used as Anaesthetic Adjuvants.*
18th	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *Gastro-Intestinal Bleeding.*
20th	Th	1.00	Dr. T. A. H. Munro. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
21st	F	1.00	Dr. Ralph Kauntze. Clinical Lecture. *Spot Diagnosis.*
		2.15	Combined Round. Pre-clinical Classroom.
22nd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
22nd	S		Rugby 1st XV *v.* Devonport Services (Devonport).
24th	M	1.00	Dr. Louis Forman. Clinical Lecture. *Dermadrones.*

Thirty Years Ago

From Guy's Hospital Gazette, 3rd January, 1925.

It was a fine morning on Christmas Day, and the Hospital basked in peace and goodwill. In the Park the Treasurer was wishing Matron the compliments of the season in a dignified manner entirely consonant with the traditions of a blameless institution about to celebrate its two-hundredth birthday, when suddenly a distinguished genito-urinary specialist disguised (but very thinly, so the Cornelius patients said) as a prehistoric cave-man came leaping across Maze Pond from his lair in the College and stormed the Colonnade steps . . . the Niggers had begun another annual trek . . . In " Esther " the aforesaid cave-man now showed us that contrary to all appearances he really did possess a human voice . . . Spurrell was in one of the best costumes of the troupe as " Johnnie Walker " . . . In Astley Cooper . . . a certain Nigger, who had been struggling with a brain-wave all the way down from Evelyn, asked Massa Johnson a brand-new riddle which was not in the book of the words at all. The rest of the troupe nearly fainted . . . A large and discerning audience gathered in Charity on Monday last, confidently expecting to find that Charity Concert would be, as it always is, the best of all the ward concerts, and they were in no way disappointed . . . Mr. Sonnie Hale brought his Chile Bom-Bom down from the Duke of York's Theatre . . . On Tuesday they repeated their melée just to let Guy's see that Bom-Bom had recovered completely from being concussed against Charity ceiling . . . A real old-fashioned winter it was (*in Martha Ward*) . . . Warm-hearted Davy Burnaby shivered visibly when he came in ; we thought he would be all right, for we know he and his fellow Co-Optimists Stanley Holloway and Wolseley Charles have warm hearts, as shown by their kindness in fitting a visit to Guy's into an already strenuous day . . . In Addison . . . three O.P.O.'s—Mr. L. G. Housden*, Mr. H. W. Craib, and Mr. E. R. Boland, dressed in blue uniform gave us an account of their daily duties, which included the harrying of lovesick youths and maidens . . .

*Promoted for the day.

SOME HELPFUL ORGANIZATIONS

Disability		Address of Head Office
BLINDNESS	*Association for General Welfare of the Blind*	257, Tottenham Court Rd., W.1. *Museum 3221.*
CEREBRAL PALSY	*British Council for the Welfare of Spastics. (A National Co-ordinating Body)*	26, Cranleigh Place, Limpsfield Road, Sanderstead, Surrey. *Sanderstead* 2377.
	National Spastics Society (A parents' Association)	20, Pembroke Road, W.8.
DEAFNESS	*Deaf Children's Society*	105, Gower Street, W.C.1.
DIABETES	*Diabetic Association*	152, Harley Street, W.1.
EPILEPSY	*British Epilepsy Association*	7, Victoria Street, S.W.1.
HAEMOPHILIA	*International Haemophilia Society*	94, Southwark Bridge Rd., S.E.1.
MENTAL DEFECT	*National Assocn. of Mental Health*	39, Queen Anne Street, W.1.
MALADJUSTMENT	*National Association of Parents of Backward Children*	84/86, Chancery Lane, W.C.2.
MENTAL ILLNESS	*Friends of the Fountain Hospital*	9, Wilton Crescent, S.W.1.
POLIOMYELITIS	*Infantile Paralysis Fellowship*	Rugby Chambers, Rugby Street, W.C.1.
	National Society for the Prevention of Cruelty to Children	15, Leicester Square, W.C.2.
	Invalid Children's Aid Association	4, Palace Gate, W.8.
	Children's Officer *Friends Service Unit*	

THE TREATMENT OF SIMPLE INJURIES

A Clinical Lecture delivered at Guy's Hospital

By T. T. STAMM, F.R.C.S.

LADIES AND GENTLEMEN,—One might have thought that by now the old controversy on the merits or otherwise of "early movements" in the treatment of injuries would have been finally settled. Recently, however, battle has been joined again by two of the most eminent and respected members of the profession. An address by Sir Reginald Watson-Jones stressing the need for prolonged and uninterrupted immobilisation in the treatment of fractures has been followed by Professor Perkins' championship of the needs of the surrounding soft parts in the limb by stressing the importance of early movements and explaining their rationale.

These apparent conflicts of opinion must be very confusing to the younger members of the profession who are trying to gain a clear picture of the principles on which treatment should be based. Today I will try to show how these differing opinions can be reconciled.

It must not be forgotten that the healing and repair of tissues after the receipt of any injury can only take place by natural processes. The most we can do is to assist them. In order to do this we must understand the sequence of events that takes place during the healing processes, the stimuli which initiate and control them, and we must have a clear mental picture of the state of affairs inside the limb at all stages. Fortunately recent work on the healing of fractures has given us a much clearer picture of bone repair, and this enables us to define correct principles of treatment with far greater assurance.

Let us take as an example a simple fracture of the shaft of a long bone. Immediately following the injury there will be an extravasation of blood between and around the fractured bone ends, followed by a reflex inflammatory reaction. This reaction is the direct result of the pain stimuli and is beneficial because it facilitates the mobilisation of the forces of repair. The extravasated blood soon clots, and that part which lies around the bone ends, where the vascular supply is good and osteoblasts are set free by the tearing and lifting of the periosteum, is very rapidly organized into new bone, forming the so-called external callus. The new bone thus formed, though as yet uncalcified, acts as a temporary splint preventing further pain, and thus allows the inflammatory reaction to settle down. The newly formed bone can then be calcified to form a more effective splint to the fracture, for calcification of bone cannot take place in the presence of inflammation. There is thus an automatic mechanism to provide a temporary splint which will then enable final union across the bone ends to proceed without disturbance.

Meanwhile the blood clot between the bone ends, where the blood supply is not so good and few, if any, osteoblasts are present, is more slowly organised into fibrous tissue which contains islands of cartilage and tissue debris, mainly fragments of bone and muscle. What happens next depends upon a number of factors of which perhaps the most important is the type of mechanical stimulus to which the tissues are subjected. The main stimulus to bony union is a compression force applied to the bone ends. This is normally afforded by the tone of the muscles or by weight bearing. In the absence of this stimulus as, for example, when traction is applied to the limb, the process of final repair by bone may be completely inhibited. The fibrous tissue already formed then gradually becomes matured until it is transformed into dense fibro-cartilage. Normally, however, the process of final repair commences as new blood vessels grow out into this mass of fibrous tissue from both bone ends. They bring first fibroclasts and osteoclasts which absorb this fibrous tissue together with any imbedded tissue debris. Behind them come osteoblasts which commence to lay down trabeculæ of new bone alongside the new blood vessels. Eventually these two advancing fronts meet across the gap, and provided they are not disturbed, will link up thus restoring the continuity of the bone.

Thus it would appear that in the early stages of the repair process complete immobilisation is not essential. It is only when the final link up across the gap is taking place that complete immobilisation becomes necessary. In fact movements at the fracture site may even be beneficial in the early stages, for it will stimulate the formation of external callus. Such movements must not however be sufficient to cause displacement of the fractured surfaces, nor should they be permitted when the formation of excessive external callus might interfere with subsequent function, for example, when the break is close to a joint.

The fate of the surrounding soft parts in the limb is, however, of even greater importance than that of the bone itself so far as ultimate function is concerned. Immediately following the injury there will be an extravasation of blood into the tissues together with an exudation of tissue fluid due to the inflammatory reaction. If allowed to remain in situ this mixture of blood and lymph will clot and will then gradually be organized to form fibrous tissue which will bind together all the tissues of the limb. This will cause stiffness and loss of function which will be to some extent permanent—for once this fibrous tissue has formed it cannot be reabsorbed. The essential consideration so far as the soft parts are concerned is, therefore, to ensure that all exudates are rapidly absorbed back into the circulation before they have had time to become organized. If this could be achieved then there will be no matrix in which new fibrous tissue can form and therefore no permanent stiffness can result.

Now the absorption of exudates is dependent upon the circulation and especially upon the rate and effectiveness of the venous return, which itself depends upon the degree of muscle activity that is going on in the limb. The most effective form of muscle activity is normal use for most of such actions are rhythmical in character entailing a succession of contractions and relaxations by the muscles concerned which provides the best "pumping" action on the circulation. Moreover, accustomed activities can be carried out for long periods without fatigue. If, owing to the demands of the fracture, normal use is impracticable, then special exercises should be given at frequent intervals, and they should be designed so as to bring as many muscles into play as possible. *It does not matter whether the muscle contractions effect any movement or not, for it is the compressing action of the contracting muscle on the venous system that is responsible for its effect on the circulation, not the movement which such contractions may cause.* Herein lies the fallacy of the term "early movements". Active movements are a convenient way of ensuring that muscles are being used, but it is not the movement which is beneficial but the muscle activity which causes it. Moreover it is quite possible to exercise all the muscles in a limb without effecting any movements whatsoever.

If therefore we could ensure that all the muscles in a limb were actively used, and used repeatedly from the earliest possible moment after the receipt of the injury, then the circulation would rapidly be restored to normal, all exudates would be absorbed, no subsequent stiffness could ensue, and incidentally there would be no muscle wasting.

Indications for Treatment

The indications for treatment of the limb as a whole after the receipt of any injury are therefore:—early activity so far as the needs of the damaged part will allow. The whole art of the treatment of injuries rests in finding the best compromise between the demands of the limb, and indeed of the body, as a whole, for a rapid return to activity, with those of the damaged part for rest and protection to allow healing to proceed.

In the case of a simple fracture these conflicting needs are not so difficult to reconcile as might be supposed. It has been shown that in the early stages of repair immobilisation of the bone is not essential, so long as the fragments are not allowed to become displaced, while it is only during this early period that muscle activity is so important, for once all exudates have been absorbed, and the circulation and tone of the muscles has been restored to normal, the risk of subsequent stiffness and loss of function becomes negligible.

There are thus three stages in the treatment of a simple fracture.

First, reduction of the fracture and its immobilisation by the application of a splint which should be the minimum necessary to maintain reduction and relieve pain.

Second, rehabilitation of the rest of the limb by active use which should be accomplished within 2-3 weeks.

Third, complete immobilisation of the fracture to allow final union to proceed without disturbance, though this should still permit as much active use of the limb as is practicable.

In many types of injury these ideals are quite easy to achieve. For example, in the case of injuries about the wrist, such as a Colles' fracture, effective immobilsation can be ensured by the application of a plaster cast which leaves the fingers and thumb free, and permits of their active use in normal activities. Moreover, although the wrist itself is fixed, its flexor and extensor muscles will contract automatically whenever the fingers are moved, owing to reciprocal action. Thus all the muscles in the limb can be made to work and if this in fact insisted upon from the earliest moment there need be no fear of subsequent stiffness.

In other cases, however, considerable difficulties may be encountered. For example, in the case of a fracture of the shaft of the femur it is impossible to maintain reduction and at the same time permit the patient to use the limb. Usually the treatment of the fracture itself involves the use of a Thomas' splint, and the application of traction to maintain length. It used to be taught that movements, especially of the knee, should only be permitted after six weeks, by which time new fibrous tissue would have been laid down binding all the tissues together and entailing months of after treatment to restore any useful range of movements. Nowadays we start exercises at once and do not worry if movement occurs at the fracture site. After about three weeks, when muscle tone has been restored and all exudates have been absorbed, those exercises which cause movement to occur at the fracture are stopped to allow final consolidation to occur. We must expect some stiffness, however, since such treatment falls far short of the ideal, for no exercises given to a limb in a Thomas' splint can compare with normal use so far as their effect on the circulation is concerned.

There is, however, another alternative, namely internal fixation of the fracture. If a splint could be applied directly to the bone which would hold it firmly enough to permit active use all difficulties in ensuring effective treatment for the rest of the limb would be overcome. Internal fixation with plates, screws or other means is often regarded as being primarily used for the benefit of the fracture. With a few exceptions they are nothing of the sort. Internal fixation, which often involves a major operation, with its attendant risks, is rarely justifiable from the point of view of the fracture itself. Its great usefulness and main justification is that it enables effective treatment to be given to the rest of the limb. In order to do this it must hold the fracture sufficiently firmly to permit active use of the limb without the need for any external splint. The use of the Smith Petersen nail for fractures of the neck of the femur is perhaps the most notable example of this method of treatment, for it not only allows full freedom of the limb, but it is also a life saving measure in elderly patients.

An impressive example of the value of early activity in the treatment of fractures was afforded by Pott's fractures sustained during the training of paratroopers during the last war. With conventional methods of treatment in plaster the average period off duty was 33 weeks. A series of cases was then treated by immediate fixation of the fractured malleoli with screws. Full activity, apart from actual weight bearing, was then given for three weeks, or until the limb had returned to normal as regards muscle tone, mobility and absence of swelling. A walking plaster was then applied and retained until the fractures showed final consolidation. These cases returned to duty in 14 weeks on the average, the difference being almost entirely due to the fact that so little rehabilitation was required after the plaster was removed—they had had their rehabilitation before the fractures were united ! In fact one day of active use in the early stages was worth a week's rehabilitation afterwards.

Exactly the same principles should apply to the treatment of "soft part" injuries. If the damaged structure is to heal the torn ends must be brought together and then protected from disturbance until healing has taken place. Any splint used for this purpose should however permit the maximum degree of activity of the rest of the limb. For example in the case of a sprained ankle where the lateral ligament is torn, strapping may be applied in such a way as to prevent inversion movements. But it should leave all other movements free, and must not impede the circulation. The leg should then be used just as soon as pain and swelling will permit.

In some injuries, such as tendon ruptures, the torn ends retract and natural repair is impossible. In such cases, with a few special exceptions, an immediate return to activity is the answer, the damaged structures being repaired later, if necessary, after the functions of the rest of the limb have been restored to normal.

Summary.—The treatment of all simple injuries should be based upon the following principles:—

1. *Reduction,* to ensure that the damaged parts are brought into close and accurate apposition.
2. *Rehabilitation of the limb* by promoting the maximum degree of muscle activity consistent with the maintenance of reduction.
3. *Immobilisation of the damaged parts,* after the rest of the limb has been restored to normal and all exudates have been absorbed.
4. When the conflicting demands of the limb as a whole and of the damaged part cannot be reconciled, the best compromise has to be selected, and herein lies the art of the treatment of injuries.

THE CHRISTMAS SCENE, 1954

Christmas Day for the most of us seemed to begin very early. There were some who braved the clear morning air to join the nurses in an early morning cup of tea before what seemed to be a vast concourse set out to sing carols in the wards. With the red lining of their capes showing outside they made a brave show. Headed by the Night Superintendent, Sister Cross, for whom indeed this day was to be a memorable one, they split into two groups, the smaller of which went to the Surgical Block while the other turned towards Hunt's House.

There, the entire stairway appeared to be crammed with a vast column of nurses, students and the occasional housemen while the sounds of " Hark the Herald Angels Sing " echoed and re-echoed from various parts of the building. We toured all the wards in turn. Perhaps the most surprised inmates of all were the children, some of whom were seen to stare in amazement, spoon in hand midway between mouth and plate in the middle of their breakfast, quite unable to do more than gape at all the carol singers who filed past each tiny cot.

After breakfast there were visits by patients to different wards and sightseeing tours were eagerly arranged. Where a group of nurses and patients happened to gather the occasional carol seemed suddenly to burst from their lips in some form of spontaneous Christmas celebration in which Guy's appears to be very adept. The last sight-seers were scarcely back in the wards before Christmas dinner was due. What a feed ! The catering staff had done wonders as usual. It was soup, turkey, vegetables, sauce, Christmas pudding, mince pies, nuts, fruit, crackers, liquor (of various sorts), paper hats—not to mention many a jovial visitor, some of whom, notably in *John* and *Miriam*, had bought flash light cameras which punctuated with their occasional brilliance the sparkling twinkle of indoor fireworks let off as an accompaniment to this stupendous collation. Presents for all were on the Christmas trees and it was only in the middle of the afternoon that any true picture of the Christmas scene could be gained.

A typical scene at Christmas Dinner

Many hours had been spent . . .

Of the ward decorations we cannot speak adequately here. Many hours had been spent and much imagination devoted to transforming the practicalities of a hospital into the ephemeral fairyland of Christmas. There was, for example, the brilliantly lit "Welcome Inn" of *Astley Cooper* complete with bar (not to mention drinks) where your correspondent was not surprised to find a scene of unexampled enthusiasm that afternoon. *Queen* with its "Country Fair" was a delight. *Job's* festive scene centred upon a beautifully arranged Christmas Tree while a series of decorative plaques on the dim corridor led to the door of *Luke* where a carefully chosen "historical exhibition" to commemorate the work of that illustrious lady, Florence Night-in-Gaol was proudly displayed to view. *Sarah Swift* where, on Christmas Eve, some of the cast of "Guy's and Dolls" had given a concert, was appropriately decorated on that theme. *Lydia*, the scene of an entertaining concert that afternoon, was gay with streamers while *Dorcas* had a clever display of light and dark blue streamers to introduce an exhibit showing the Inn at Bethlehem with, in the distance, a Crib; all appropriately entitled "Oh Come all Ye Faithful". High in the roof, the decorated pond with real water, real goldfish and a real fountain in

Pat and Sam stimulated many a superstitious wisher to cast his halfpenny into the limpid fluid. Across the passage the operating theatres were decorated with admonitions in verse directed, it would appear, largely to those with less experience than the devoted staff who, day and night, maintain and organize that honeycomb of sterility. The "Eastern Bazaar" in *Christopher* was remarkable for the dusky inmates of the office bed!

One of the most interesting features of the wards in Hunt's House was the "Temple of Mithras" in *Ruth* and *Barnabas*. Classical columns of corrugated cardboard had been made between the beds and with suitable statuary the whole effect was most striking. *Addison* and *Victoria* were transformations of gaiety. *Mary* vied with *Wilks* and *Bright* in seasonable effects and we noted particularly the clever flowering shrubs which sprang elegantly from the curtain rails in *Wilks*.

. . . . amid squeals of delight . . .

John and *Miriam*, over whose doorway "St. Pancreas" was to be observed in substantial lettering, contained one of those remarkable mechanical-cum-ethereal decorative "mixed grills" so characteristic of 20th Century Christmas hospital décor. Prominent amid a welter of flashing lights and clicking contacts was "Florence the steam engine" from whose curtained cab Father Christmas had been seen to emerge early on the morning of the great day when the engine, complete with human assistants, had ground slowly and laboriously into *Caleb* and *Diplock* amid squeals of delight from the children and the clatter of disorganized decorations which fell to the ground in a seething trail of wreckage in its wake. But that Grand Old Gentleman was not perturbed. We have reason to believe that he was seen shortly afterwards replenishing his capacious abdomen with a variety of fiery liquors. Thereafter the engine's cab remained empty. In *William Gull* a sense of pervading aroma met the eye and the nostrils. Some indication of the happenings in that elevated ward had already penetrated to our ears on Christmas Eve when a member of the Consultant Staff was almost wafted into another ward, carried (it would seem) upon the scents of Jacques Fath's latest masterpieces. These had, we understand, been liberally sprayed over him in *William Gull* a few moments before. Such an act of spiritual, if not corporeal, levitation was impressive and memorable. During the whole of the Christmas season this delectable smell permeated the ascetic walls of the fourth floor and added to the delight of the visitors among whom we saw Lord Cunliffe, Matron and the Superintendent, doing a "round" on Christmas Day.

"Florence" with crew (Sister Dartnall and S/Nurse Welsh)

Over in *Nuffield* further scenes met the eye. There was a Pickwickian flavour about C Floor, a Pacific reminiscence about B Floor and of A and D we would say their decoration was a delight. We noticed in particular the Willow Pattern effect on the 3rd floor of *York Clinic*.

The Front Surgery and Out-Patients' Hall were, as usual, transformed by hundreds of lights and streamers. This setting indeed provides the best possible background to the Landon Tea Party, held this year on Christmas Eve, which by common consent proved to be one of the most successful of recent years. Never has so much food been consumed by so many in such vast quantities. Never have shouts rent the Hospital air to greater effect! Rarely has your correspondent witnessed similar heights of juvenile enthusiasm. Such a pitch was reached that, during a most talented conjuring act by Mr. Yetman, on the question, "Would any little girl like to come forward?" a small boy with a red nose and grey worsted socks was seen to elevate his arm so vigorously that he seemed in danget of suffering from an idiopathic dislocation of the shoulder. Assured, at the time, that little *girls* were required, his enthusiasm abated somewhat, only to return again when tea and cinema shows whipped this spirited assembly to unexampled heights of gregarious gaiety. He was typical of two hundred others.

There was a concert in *Lydia* on Christmas afternoon, given by the Surgical Take-In firm and compèred admirably by Mr. F. G. Ellis. Song and dance, shadow operation and anecdote followed each other with unrehearsed abandon. In the middle of the proceedings a bed, hitherto used as a grandstand by a mixed audience of nurses and students, gently collapsed in the middle, and was last seen in the corridor outside, its steel tubing sagging crazily, the head and foot nodding together as if to give permanent assent to what was universally regarded as a most entertaining hour. This concert was repeated in larger and more elaborate form in *Wilks* on Boxing Day.

CHRISTMAS CONCERT PARTY

Programme

1	*Community Singing*	*led by Bernard Coleman*
2	*Operation Scene*	*Surgeons—Messrs. Robin Gain* *Alan Broad* *Michael Bull* *Patient—Messrs. Parkes and Malcolm*
3	*Solo Guitar*	*B. Coleman*
4	*Solo Pianist*	*Geoff Baker*
5	*Story Teller*	*Jimmy Kerr*
5	*Solo Songs*	*Tony Lawrence* *Bill Lund*
6	*Telepathy*	*Shirley and Pat Clark and their father*
7	*Television Beauties*	*Nurses Tunnadine* *Robinson* *Broad* *Bull* *Malcolm* *—the real Beauty—*(*Nurse*) *Lucy Popert*
8	*If I were not upon the Stage*	*Messrs. Hillman, Tuddenham, Murphy, Miller et al*
9	*Wild West Show*	*Messrs. Henderson, Cooke Knight, Mackenzie, et al* *Tony Orsmond* (*Guitar*)
10	*Accompanying Pianist*	*George Willett*
11	*Magician*	*Mr. D. Yetman*

The programme gives some idea of the entertainment they provided. A special word should go to Shirley and Pat Clark who, with their father, did a most mystifying and entertaining turn at very short notice. George Willett was an excellent accompanist while Geoffrey Baker (a perhaps better known musician) was as usual a great acquisition. It was pleasant to see "old" housemen like Tony Lawrence and John Scorey on the stage again, while a special word should be given to Nurse Lucy Popert who carried off an exacting role with delicate poise. The very lack of rehearsal gave the show a spontaneous flair which would have been impossible in a more closely regulated production and great credit must go to Mr. Frank Ellis and Mr. David Tunnadine who as registrar and house-surgeon bore, in a sense, the main responsibility in organising the entertainment; and not least to Sister Rix and Sister Brotton and their nurses who kindly tolerated the upheaval in their wards which the arrival of such a concert party must always bring.

SYPHILIS IN PREGNANCY

A Clinical Lecture given at Guy's Hospital

By JEAN H. MORTON, M.D., D.P.H.

LADIES AND GENTLEMEN,—The reason that I have chosen to talk on the subject of syphilis in pregnancy is that very little is written about it in the text-books. The importance of diagnosing syphilis early in pregnancy is two-fold, firstly in order to treat the mother, and secondly to prevent the occurrence of congenital syphilis in the child.

In order to give you some idea of the incidence of congenital syphilis I will show you three charts. With regard to Chart 3, it is interesting to note that the year 1946 was the peak year for acquired syphilis with infections of less than one year.

CHART 1

REGISTRAR GENERAL'S REPORT, 1952

INFANT MORTALITY

DEATHS UNDER 1 YEAR PER 1,000 LIVE BIRTHS, 1943—1952

England and Wales

Year	*'43*	*'44*	*'45*	*'46*	*'47*	*'48*	*'49*	*'50*	*'51*	*'52*
All Causes	*49·1*	*45·4*	*46·0*	*42·8*	*41·3*	*33·9*	*32·3*	*29·6*	*29·6*	*27·5*
Congenital Syphilis	*·23*	*·16*	*·15*	*·15*	*·09*	*·09*	*·08*	*·04*	*·03*	*·03*

Congenital syphilis could almost be eliminated if blood tests were done on all pregnant mothers. I have sometimes heard the comment that it is embarrassing to take blood tests for syphilis on certain patients. The women now-a-days take it for granted that their blood will be examined for something, and it is quite unnecessary to mention syphilis; in order to avoid this unpleasant word, when questioned, I talk of Rh. factors and Blood Groups, all of which can be tested from one sample, and whose names are quite acceptable to the patient. Since the early 1930s, ante-natal clinics throughout the country have been testing pregnant women for syphilis, and this practice is almost, but not quite, universal.

CHART 2

REGISTRAR GENERAL'S REPORT, 1952

DEATHS DUE TO CONGENITAL SYPHILIS AT ALL AGES, 1943—1952

England and Wales

Year	*'43*	*'44*	*'45*	*'46*	*'47*	*'48*	*'49*	*'50*	*'51*	*'52*
Male	*97*	*87*	*66*	*79*	*49*	*47*	*45*	*25*	*17*	*17*
Female	*86*	*59*	*78*	*69*	*46*	*42*	*38*	*20*	*15*	*15*

I have only seen two congenital syphilitic babies in the last eighteen months. The mother of the first one had booked a country doctor and midwife and had no blood tests. The second attended the ante-natal clinic for the first time a few days before her confinement, and the baby was born before the WR and Kahn reports came back positive. This baby later was proved to have congenital syphilis. When I examined her other four children, the eldest, aged eight years, was also infected, with marked stigmata. The ideal method of examination would be to take a sample of blood early in the pregnancy and again in the later months, but the second test is not a practical procedure.

CHART 3
MINISTRY OF HEALTH REPORT
CASES OF CONGENITAL SYPHILIS REPORTED AT TREATMENT CENTRE FOR FIRST TIME UNDER 1 YEAR OLD

England and Wales

Year	*No. of Cases*	*Year*	*No. of Cases*
1931	*339*	*1946*	*363*
1939	*217*	*1947*	*343*
1940	*191*	*1948*	*372*
1941	*223*	*1949*	*355*
1942	*245*	*1950*	*227*
1943	*310*	*1951*	*156*
1944	*346*	*1952*	*110*
1945	*326*		

The blood tests carried out in this country for the diagnosis of syphilis are the Wassermann reaction and Kahn test, the one acting as a control on the other, though other tests can be done to confirm the diagnosis. In the event of a positive report on a blood, do not mention syphilis to the patient on one set of positive tests. In the absence of clinical signs, blood tests should be repeated ad nauseam to prove the diagnosis, as once the question of syphilis is raised a whole family may be concerned, and disrupted, and it is exceedingly difficult to dispel their fear if the ultimate tests are negative.

Causes of Wrong Diagnosis;—

I. Wrong label on sample of blood.
II. Technical errors.
III. Non treponemal reactors giving biologic false positives.
IV Treponemal reactors other than syphilis.

Non treponemal reactions may be given by pregnancy, upper respiratory infections, smallpox vaccination, infectious mononucleosis ; and lupus erythematosus virus infections such as measles, atypical pneumonia, and lymphogranuloma venereum ; malaria, leprosy, and to a lesser extent, typhus, filariasis, and Weil's disease.

Treponemal reactions other than syphilis may be given by yaws, bejel, and pinta.

The cause of biologic false positives in pregnancy may be due to the production of lipoids. The reaction is only temporary, of low titration, and is not long sustained, particularly after the confinement. In my experience, pregnant women who have given repeated positive blood tests in the absence of clinical signs, the titration remaining the same or rising, have ultimately been proved to have syphilis in the majority of cases.

For example a pregnant woman came to this Hospital referred on account of positive blood tests. Her history was satisfactory, she had one child, well, whom she refused to have examined, her husband was negative. This child on subsequent examination had congenital syphilis.

Another case referred to me in pregnancy had no clinical signs, but positive blood tests. Two children whom I examined were negative. Her husband told her that he had been examined and was all right, but three years later he developed G.P.I.

The Treponemal Immobilization Test of Nelson is useful in doubtful cases, particularly if this test is negative.

When syphilis has been diagnosed what are the possibilities?

The patient may have been treated, remained sero-positive, and does not at once disclose the fact, or is already under treatment.

If untreated the following are the possibilities:—

I. Congenital syphilis with or without stigmata.

II. Early syphilis with clinical signs.

III. Early latent syphilis with no clinical signs.

IV. Late latent syphilis with no clinical signs.

V. Late syphilis with clinical signs.

The patient's serological response to treatment will subsequently aid the assessment of whether she was in the early latent or late latent phase, an early latent becoming negative, while a late latent remains positive but with a drop in titration.

The congenital syphilitics, with and without stigmata, behave in the same way as the latter, and are usually found amongst the young pregnant mothers, frequently at their first pregnancy. It is possible for a woman with syphilis to be sero-negative, but this is not common.

Effects of syphilis on the fœtus ; The more recent the infection in the mother the more likely it is to be passed on to the child. Miscarriages are seldom due to syphilis, which more commonly causes still-births and a macerated fœtus. The ovum is not likely to be infected at the time of conception, the fœtus becoming infected when the circulation is established.

Earle Moore states that in the Johns Hopkins' Obstetric Unit prior to examination, and giving of ante-syphilitic treatment to pregnant mothers, 34.4% of all fœtal deaths was due to syphilis, plus the congenitals who survived.

Effect of pregnancy on syphilis ; In a woman becoming infected just before, at, or just after conception, the early signs of syphilis may be entirely suppressed, or much milder than in the non-pregnant woman. The beneficial effect of pregnancy on syphilis may extend throughout the patient's life, and protect her against the late lesions such as neuro-syphilis.

Treatment of untreated case; Treatment should be started early as soon as the diagnosis is made, and continued to the end of pregnancy. The former treatment consisted of arsenic and bismuth injections, but penicillin has now supplanted arsenic, which I have not used for about four years.

To a straightforward case, with no cardiovascular or central nervous system involvement, I would give:—

A course of penicillin P.A.M. 4.8 mega units.

A course of bismuth injections during 8 weeks.

A course of penicillin P.A.M. 4.8 mega units.

Treatment in the later months of pregnancy is of particular advantage to the child, and a child will often be saved when injections have only been commenced a few weeks before its birth.

Pregnancy courses of treatment used to be given as a routine to all previously treated patients. This is unnecessary provided:—

1. *that she had previously received Arsenicals 4.0 G + Bismuth or a minimum of Penicillin 2.4 mu.*

2. *patient sero-negative.*
3. *if positive, no fresh clinical signs are present and the blood is positive in a titration only 1 in 8 dilution.*

A woman who has had previous treatment should always have blood tests, and these should be compared with the titration of the last tests. Syphilis does not confer immunity, and even a treated congenital can acquire syphilis. The mother will require to be followed up after the confinement, and the baby should have its first blood test at about ten weeks old, when clinically normal.

The confinement for a treated patient may be carried out under normal conditions. No barrier nursing is required. If a patient were admitted as an emergency showing early lesions of syphilis such a patient should be barrier nursed.

Examination of infected products of conception.

The placenta: The large bulky greasy placenta as usually described in textbooks would only be found in cases when the fœtus is macerated, or if alive, is obviously diseased. Otherwise the macroscopic appearance will be normal.

Microscopically, a stained section will show endarteritis commencing in the walls of the smaller vessels, and extensive infarcts.

For diagnosis, spirochætes would have to be demonstrated in the fœtal side of the placenta and in fœtal tissues. It is not sufficient to find them on the maternal side.

The umbilical cord: Dark field examination of the cord at once may show T.Pallida in the wall of the vein. If negative it is not conclusive.

The mother's blood: The blood test at, or after the confinement in an early treated syphilis may be negative, but the other stages will give a positive result. Examination of blood from cord and placenta has no value as to whether the child is a congenital or not.

The child's blood at birth: If the baby's blood is positive do not jump to the conclusion that the child is infected, and rush in and treat it. I think that this serological finding has led to many false diagnoses in the past, and erroneous statistics. If the baby appears to be healthy and normal, leave it alone, and take samples at fortnightly intervals, and have them examined at the same laboratory and in titration. If the child is not infected the titre of its blood will be the same or lower than the mother, and will gradually fall till, by approximately 70 days, a negative result will be given which will remain negative. The explanation of the positive blood at birth in a non-syphilitic child is that the Reagin from the mother has been handed on and will gradually die out. This Reagin is lipoid in nature and may be part of the antibody. If the baby has been infected in utero, the cord and infant's blood may be positive or negative. If positive the titration may be the same as the mother's or will rise. If negative, positive reactions will be given by three months, and in both cases lesions may soon appear.

The prognosis with regard to the child of a treated mother, even though the treatment is started very late in pregnancy, is very good.

Breast feeding; If the mother is a recent infection and treated, she may breast feed. If untreated, no breast feeding should be allowed until she is under treatment. A long standing syphilis of over four years, untreated, may breast feed, provided she is treated.

Adoption; In view of the delay in a baby's blood showing its true picture I never blood test a baby who is to be adopted till it is at least three months old; for various reasons including syphilis I prefer to wait till at least six months has elapsed.

In conclusion, syphilis *per se* is never a cause for a therapeutic abortion.

REFERENCES

1. *American Journal of Syphilis, July 1947.*
2. *Earle Moore's Textbook on Syphilis, 1944.*
3. *American Journal of Syphilis, September 1948.*

REVIEWS

A Pocket Medicine. By G. E. Beaumont, M.A., D.M., F.R.C.P. Third Edition. J. & A. Churchill Ltd. 1954. *Price* 10*s*. 6*d*.

The third edition of this little book has, according to the preface, been thoroughly revised and many alterations have been made. Despite this any work in which the whole of medicine is crammed with its index into 210 small pages must necessarily have some defects.

In the original preface, Dr. Beaumont suggested that this book might be useful to the student commencing medicine and to those revising for their final examinations. Without being hypercritical, one would hope that the junior student of medicine will avoid this compressed, incomplete and dogmatic type of teaching. For the student who is revising, some of the book is very good, including the parts on the infectious diseases and the poisons. Others are of more dubious merit.

It might be helpful to quote some of the passages which this reviewer found at the least, doubtful and sometimes quite astonishing. The section on ulcerative colitis is interesting, but some of the treatments (by rectal cod liver oil and starch and opium enemata) are probably of little except historical interest in the management of this distressing malady. Acute pancreatitis is well described. The statement that "unless operation is performed in severe cases, death usually occurs in a day or so" should not however be taken as an absolute indication for surgical manœuvres. The section on the asthmas was found to be confusing. Bronchial, renal and cardiac asthmas were not clearly differentiated, the last two being especially confused. Cardiac asthma is mentioned as associated with *early* heart failure with no positive suggestions as to which part of the heart is failing or indeed to the prognostic significance associated with paroxysmal dyspnœa of cardiac origin. On page 66, we read that " mitral stenosis is due especially to rheumatic infection and scarlet fever while in older people it may be atheromatous ". In a book designed (like this one) for new students and for revision such doubtful ætiology, without stress upon the important factors, must be misleading. Page 72 has a description of essential hypertension sinisterly contracted into thirteen lines. The only drug mentioned is that splendid emetic veriloid ; the use of sedation, ganglion-blocking agents and other new drugs is not considered worthy of mention. Subarachnoid hæmorrhage, discussed on page 78, is given a good clinical description. The treatment is less adequately described. The mortality rate of 60% as quoted in this book is, one supposes, inevitable when the only treatment is that of lumbar puncture, " repeated if coma deepens or if convulsions supervene ". No mention is made of the surgical manœuvres which *must* be considered to prevent a repetition of such a catastrophe. Cerebral thrombosis is treated by bed rest and tinct. nux vomica m.15 t.i.d. This desire to recommend treatment of some sort reflects itself too on page 105 where hæmatomyelia is treated by ice packs to the affected area of the back.

The discussion on polycystic disease on page 124 quotes the doubtful theory that the cysts are connected to the renal pelvis. The discussion of the anæmias is, on the whole, satisfactory though the only iron preparations recommended are Ferri et Ammon. cit. and Ferrivenin. In the description of lymphatic leukæmia the author's arithmetic runs away with itself, for the blood picture is quoted as being : Red cells ; 3 million per cm or less ; Hb.60% ; Colour Index 0.6.

In the treatment of typhoid fever the specific use of chloramphenicol is not mentioned aureomycin and terramycin being preferred in spite of the greater sensitivity of S. typhi to chloramphenicol. In the treatment of adult scurvy subcutaneous injections of ascorbic acid 100-300 mg. t.i.d. would appear to have no advantage over the oral route, avoiding as it does the possibility of painful hæmatomata at the injection sites.

This book is, then, a very shortened textbook and cannot be recommended to any student who has not the experience or knowledge to recognise the all too frequent errors and fallacies. To the student who does recognise these errors the book will be of limited, though definite, value.

P.S.B.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's was the password

SIR,—Having had my Guy's *Gazettes* sent on to me during my recent 3 months visit to Canada, I noticed you asked for news of old Guy's nurses.

I am an old Guy's nurse and I finished my training about 26 years ago and I think you may be interested to know how my being at Guy's has helped me so recently.

When I arrived in Quebec City I needed medical help urgently for my 21 year old diabetic pregnant daughter and as I had no one to advise me, I picked out a gynæcologist from a Montreal telephone directory and wrote at once. On receiving my letter, he immediately rang me to say he would see us the next day. My daughter is a severe diabetic but he soon had the help of the only metabolism specialist in Western Canada.

As my daughter lives in the wilds of Chibouganou, on a remote gold mine, these two doctors can now only keep in touch with her by cable until she goes to the Royal Victoria Hospital, Montreal, in March, but no two men could have been kinder or more helpful under most difficult circumstances.

I feel sure Guy's was the password.

Yours etc.,

H. E. HOUSDEN.

" Clear View ",
28, Stuart Road,
Warlingham, Surrey.

"The Prior Claim"

SIR,—May I, through the courtesy of the *Gazette*, draw attention to a full length colour film entitled " The Prior Claim " to be shown in the Anatomy Theatre, at 5 p.m. on Tuesday, 18th January.

This is another film in the Fact and Faith series (well known for their superb production and colour photography) and all members of the Hospital community are warmly invited to be present.

Yours etc.,

DENNIS C. HUMPHREY,
Hon. Secretary, Guy's Hospital Christian Union.

SPORT

RUGBY FOOTBALL

Staff *v.* Students

At H.O.P., 26th December

Result, Staff 13 pts., Students 3 pts.

Shortly before Christmas it was decided to try to organise a Rugger match on Boxing morning, between a Staff XV and a Student XV. When one was trying to raise a staff side it was surprising to discover how many members of the staff spent their Christmas away.

Although two full sides were mustered before hand, at about 11 a.m. on Boxing Day it was clear that both teams were short of their full complement. However, a spectator was persuaded to play and then four late-comers arrived just after the kick-off.

The staff, in blue jerseys, soon showed some fast and determined running in the backs and their pack was keen and hard working. It became clear that with such careless disregard for their coronary circulations they were going to be a difficult side to beat. Outstanding for the staff throughout the game was Mr. Lewis at full back, who gave an impeccable display of fielding, kicking and running. No better full back play has been seen at Honor Oak Park this season. Halamandres on the right wing and Carroll and Orsmond in the mid field were conspicuous and Hayward at scrum half worked tirelessly to give a consistently adequate service. In the scrum Evans and Tunnadine were prominent and Fairweather often found himself in a useful position.

For the students, Labuschagne enjoyed himself at full back and Atkinson, Smith and Cooke each had one good run. In the scrum, Duff hooked remarkably well, and Boulter for the first half in boots a size too small, had some tremendous tussles with Evans.

The first score came from the students, when after a brisk passing movement Atkinson received the ball, and beating a number of opponents, ran in to touch down. This try was not converted. Shortly after this the referee, Mr. Brain, had a minor accident and found his whistle full of mud. This he dexterously removed and continued to control the game in most skilful and understanding fashion. Next, Robinson scored for the staff after a short passing movement near the students' line, Mr. Lewis failing to convert. Half time arrived and just as most of the players were sinking to the ground, Mr. Kirby was observed heading for the field with two jugs of beer and a tray load of glasses. The next five minutes proved to be the turning point of the game.

The second half produced some very good rugger, particularly in two runs down the right wing by Halamandres. One of these was followed by a beautifully judged cross kick which was neatly caught by Tunnadine who raced over for a try which Carroll converted. Play fluctuated from one end of the field to the other with some fast open movements, and then Orsmond broke through in the centre and beating almost the entire students' side scored under the posts for Mr. Lewis to convert. This made the score 13-3 to the staff.

Shortly after this the whistle went for "no side", and everyone seemed delighted. All, however, agreed that it had been great fun. The spectators enjoyed it, Mr. Eckhoff who was touch judge enjoyed it and certainly all the players enjoyed it.

One very staunch Guy's supporter was heard to remark in the pavilion after the game—"That's how rugger *should* be played" !

Teams—

Staff : T. L. T. Lewis ; K. W. Walker, G. A. Lawrence, E. D. A. Orsmond, A. Halamandres; J. D. Carroll, J. Hayward; A. Robinson, D. K. Fairweather, J. Scorey, D. Tunnadine, G. M. Evans, N. D. Gripper, D. L. Parry.

Students: N. A. Labuschagne; A. H. Atkinson, S. A. R. Cooke, D. M. Smith, J. H. Kendall; A. L. Gunn, R. S. Henderson; M. Willis, J. K. Duff, H. T. Davies, P. S. Boulter, G. M. Robson, R. K. Knight.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Resident House Physician (with Casualty Duties) for six months from 1st February, 1955. *Appointment recognised for the D.C.H.* Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by the **18th January, 1955.**

PASS LIST

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1954

Part II

Principles and Practice of Physic

*J. D. Ellis
D. J. Roberts
*D. N. Whitmore

Principles and Practice of Surgery

*D. W. Atkinson
*J. D. Ellis
*J. H. C. Hunt
*J. B. Pond
D. J. Roberts
*J. T. N. Williams

Midwifery and Gynæcology

*J. D. Ellis
*J. S. Miller
P. J. J. O'Neill

*Have completed the examination.

Part I

Pathology and Pharmacology

D. M. Ackery
N. K. Ashurst
J. R. Batchelor
D. S. Carmichael
D. A. Earnshaw
R. E. Farmer
D. A. Gilchrist
J. F. Marsden
D. J. Palmer
C. P. K. Watson

CONJOINT BOARD

Dip. Path.

S. S. Epstein

L.R.C.P., M.R.C.S.

First Examination

Anatomy

S. G. Moisey
D. N. E. Myers

Physiology

S. G. Moisey
R. R. Paul

Pharmacology

Hilary Allin
E. L. R. Andrews
J. Barrie
J. B. Cumberbatch
Margaret Fuest
I. D. Green
R. A. Harlow
R. S. Henderson
G. W. Jenkins
E. D. Keen
T. M. C. Lindsay
M. B. R. Mackenzie
A. J. Mann
B. S. Merry
H. Pambakian
B. N. Pickering
E. E. Smith
J. A. Theobald
G. D. Thomas
M. T. Williams

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
December, 1954

Jacqueline M. Coker
R. D. Cooper
D. S. McA. Grumitt
D. I. Joiner
Lily G. Lopez
R. T. Mills
T. A. J. Ogunbiyi
N. Sharples

First Examination
November, 1954

Anatomy and Physiology

W. B. H. Baxter
J. R. Harries
K. Redford
D. A. Sabel
A. W. Wheelhouse

Special Anatomy and Physiology

B. J. Moore
K. Redford
D. A. Sabel

PAPERS BY GUY'S MEN

Hunt, J. N. and another. The Nature of Gastric Hypersecretion of Acid in Patients with Duodenal Ulcer. *Brit. Med. J.*, 1954, ii, 1444.

Hunt, J. N. and MacDonald, I. The Influence of Volume on Gastric Emptying. *J. Physiol.*, 1954, **126**, 459.

Ogilvie, Sir Heneage. The Future of Surgery. *Brit. med. J.*, 1954, ii, 1435.

Pegum, J. S. Lymphocytoma. *Proc. R. Soc. Med.*, 1954, 47, 1061.

Pegum, J. S.? Reticulosis. *Proc. R. Soc. Med.*, 1954, 47, 1065.

Wright, Stanley W. Ectopic Pregnancy. *Med. Pr.*, 1954, 232, 612.

CHANGES OF ADDRESS

Louis Forman, M.D., F.R.C.P., 22, Harley House, Regent's Park, N.W.1 (Tel. Langham 3262).

J. Vance, M.B., B.S., 2, Elmar Court, 736, Fulham Road, S.W.6 (Tel. Renown 3872).

DEATH

ASPINALL.—On 25th December, 1954, in London, Robert Stevala (Robbie) Aspinall, C.I.E., F.R.C.S., Major IMS.

EDS. { **E E.D.T.**
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1735 22nd January 1955 ***One Shilling***

PASSIM

Milton, thou should'st be living at this hour
England hath need of thee.

Wordsworth.

OVER forty years ago, Sir Arthur Quiller-Couch gave his famous lecture " On Jargon " to an audience at Cambridge. Then, in 1913, he said whimsically that " like respectability in Chicago, Jargon stalks unchecked in our midst ". We wished that Sir Arthur had been in Surgical Out-patients with us the other day. He would have agreed with (and possibly known how to console) one of our most eminent surgeons who blanched at the sight of a word on a yellow slip of paper. He had been hit by jargon. What he read was that " the gall bladder failed to *opacify* ".

Now this is an ugly word, but not nearly so hideous as some which have polluted medical articles—we hasten to say, in other journals. After all, *opacify* is an innocent little word compared to *non-visualization* which we found lurking in a recent article on Cholangiography.

We believe that these words are jargon which the *Concise Oxford Dictionary* (which certainly wouldn't own to either of them) says is : " Unintelligible words, gibberish, barbarous or debased language ; Mode of speech full of unintelligible terms ". Unhappily, none of us can doubt, after reading that definition, that our profession probably uses more jargon than any other body of supposedly educated people. Our literature, a word we must use with some hesitancy, contains some utterly dreadful words. Perhaps we may quote some of our personal *bêtes noires*, all culled from our recent reading :—" *Erotization* of the skin ", " *Reperitonization* of the pelvis " and this startlingly zoological phrase (referring to urine in genito-urinary tuberculosis) " All were *guineapig-positive* ". Lastly, to show how low men can sink, " *redisafferentization* ".

Dr. Vertue wrote, some months ago* a thoughtful article on *Medical Mispronunciation* which many of our readers will remember. In this, he castigated the faulty pronunciation of many medical terms. We think that it is high time for someone to go one step further. We need a medical Quiller-Couch to exorcize, with gentle scorn, some of the deplorable words which have crept into our vocabularies in recent years. Perhaps we are too sensitive, perhaps merely pedantic, but we feel that there is no time to spare. Terrible things can happen to a language distorted by the apostles of jargon. Anyone who doubts this has only to go to his nearest garage, look at a petrol pump and read the little notice clearly written in the pure tongue of Milton (and Quiller-Couch):—

**Gazette*, 29th May and 12th June, 1954.

To zeroize presetter, rotate anticlockwize.

Our readers will be sorry to learn of the death, in Nuffield House, of Dr. H. W. Barber, Consulting Physician Emeritus to the Dermatological Department. His death is a severe blow to the Hospital and to his many friends. We extend our deep sympathy to his wife and family. A memorial service will be held in the Chapel on Monday, 24th January, at 1.45 p.m. In our next issue we shall publish an obituary.

When we congratulated Professor R. R. Macintosh on his Knighthood in *Passim* of last issue we had only had time for a very cursory glance at the New Year's Honours List. We are delighted to see that there are several more honours which have come to Guy's men and women. We congratulate Major General C. W. Greenway (late R.A.M.C.) on his award of the C.B.(Mil.). In addition we were delighted to see that three eminent nurses, all of whom were trained at Guy's, have been honoured by Her Majesty. Miss R. H. Pecker, Registrar of the General Nursing Council for Scotland, has been awarded the O.B.E. Among those who have been awarded the M.B.E., we were pleased to see the names of Miss Florence Shackshaft, Matron of the Anglo-American Hospital, Cairo and also Miss Ethel Taylor who worked in Shanghai for many years up to 1946. We know that all at Guy's will wish to join us in congratulating them.

At the end of this month we say good-bye to Mr. Denys Giddey who, for the past 7 years has been resident Chaplain at Guy's. During that time he has worked unceasingly among us to make the Chapel and (more important still) what it stands for, a living force in the Hospital life.

He has been appointed to a living in Lincolnshire. To his new work there he carries our warm wishes for him, his wife and young family. We hope to welcome him here whenever he returns to London. On another page we print an appreciation of his work at Guy's.

At the same time we extend a warm greeting to Mr. Kenneth Child, at present Vicar of St. Augustine's Church, Tonge Moor, Bolton, who has been appointed to succeed him. From 1944-1947 he served as chaplain to the forces overseas. He will take up his duties after Easter. Meanwhile Mr. Christopher Biddell of Southwark Cathedral will be locum tenens.

This week Sister D. E. Cross retires from active nursing at Guy's Hospital where, for the past eleven years she has been Night Superintendent. Her work at the Hospital extends, of course, over many more years than that. We wish her much happiness in an active retirement and look forward to seeing her often here again. On 19th January a farewell cocktail party was held in her honour at the Nurses' Home. In our next issue we shall be publishing an appreciation of her work among us. To Sister Pickard, who succeeds her, we extend a warm welcome on her return to us from Leicester Royal Infirmary.

Readers of the *Gazette* and especially those connected with the Dental Department will be sorry to hear that Mr. Arthur Bulleid is ill. We all wish him a speedy recovery.

Colonel E. A. Penny's letter which we print on page 32 recalls a custom which has now died out. The " Take In Sheet " which he has sent us is not decorated with a drawing such as that which heads Mr. Arthur Crook's " Interesting relic " reproduced in our issue of 25th December. Colonel Penny's sheet is a neat record tabulated on somewhat faded paper of forty four cases—this number, for a firm with three dressers, must have represented substantial work. Together with others of similar type it will be preserved in the Wills Library. One wonders when the decorated Take-In Sheet disappeared ?

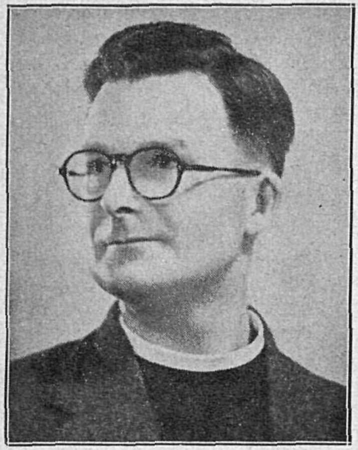
The snow storms which have lately overwhelmed the countryside add a special note of interest to a picture which has just come to hand. It is an engraving reproduced on a Christmas card showing a scene at St. Bartholomew's Hospital in 1875 where, inside the gateway a fight is taking place between the police and medical students in the snow. At least two of the constables are on the ground and one of them, it seems pretty certain, is in the process of having the clothing of his lower extremities forcibly removed. The other looks muzzily from beneath the brim of a grotesquely tilted helmet. Many of the students wear bowler hats and are shown in the act of hurling snow balls at the retreating constabulary who are being somewhat unceremoniously hustled through the gate. The picture is entitled " *The Police and Students of St. Bartholomew's Hospital : a fracas during the recent snow storms : from a contemporary print December,* 1875." We wonder what led the police to invade that hospital's precincts ?

GUY'S DIARY

JANUARY			Exhibition. Department of Surgery. *Haematuria.*
24th	M	1.00	Dr. Louis Forman. Clinical Lecture. *Dermadrones.*
			Rugby 1st XV *v.* Paignton (Paignton).
25th	T	1.00	Professor W. R. Spurrell. Clinical Lecture. *Carbon Dioxide.*
27th	Th	4.30	J.-P. Voos. Physiological Society Meeting. *Laughter.* Physiology Theatre.
		5.00	X-ray Meeting. Gordon Museum.
28th	F	1.00	Dr. Charles Baker. Clinical Lecture. *Help from Digitalis.*
		2.15	Combined Round. Pre-clinical Classroom.
29th	S		Rugby 1st XV *v.* Metropolitan Police (Imber Court).
31st	M		Dr. Maurice Campbell. Clinical Lecture. *High Blood Pressure.*
FEBRUARY			Exhibition. Department of Surgery. *Varicose Veins.*
1st	T	1.00	Dr. T. H. Hills. Clinical Lecture. *Radiology and General Medicine.*
3rd	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
4th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Malaria.*
		1.00	Mr. Kenneth Hooper. Dental Clinical Lecture. *Some Practical Considerations concerning the Removal of Teeth.* Dental Theatre.
		2.15	Combined Round. Pre-clinical Classroom.
5th			Rugby 1st XV *v.* Coventry (H.O.P.).
7th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture.

REV. WILLIAM DENYS GIDDEY

AN APPRECIATION



WILLIAM DENYS GIDDEY came to Guy's as Chaplain in 1948 and is now leaving us to work in a widely spread country parish. During his stay here he has been friendly, tactful, resourceful and these are terms of high praise for one filling his office. During the mid-nineteenth century Guy's had as its Chaplain Frederic Denison Maurice, who numbered among his close associates Chevenix Trench, a great scholar who later became Archbishop of Dublin, and Charles Kingsley, the west country rector and novelist. These men were among the leaders of social reform in their day ; they were constant visitors and preachers in our chapel and made it one of the best known churches in London.

The very large number of applicants for the present vacancy is an indication that the Chaplaincy is still a position of importance. There are those who believe that life can be run on a purely humanistic basis, that of man's capacity to raise himself and his willingness to show kindness to his fellow men ; there are others who consider that human nature is not very successful in achieving these great ends; that some force more dynamic and personal is required. Father Giddey is an exponent of the latter view. The atmosphere of the Chapel services has been that of a deep sense of reverence and devotion ; the sermons have been thoughtful and suited to the purposes for which all the life of the Hospital exists. The Chaplain has made himself the friend and helper of all those who chose to come to him, and they were many. This is shown by the gifts presented to him both by the students and by the nurses. Father Giddey is going to a parish in Lincolnshire. To him and to his wife and sons we extend every good wish. Father Giddey may be sure that his ministry in our community at Guy's has been productive of much good and we hope that similar success will be given to him in the parish to which he is going.

F.N.D.

UNITED HOSPITALS' BOXING CLUB

A Boxing Tournament under the auspices of the U.H. Amateur Boxing Club will be held on Tuesday, 15th February at 7.30 p.m. at the Seymour Hall, Seymour Place, W.1. There will be several special contests and the Inter-Hospital Boxing Championships will be settled on this evening when Barts, St. Thomas's, St. Mary's, The London and Guy's will all be engaged. The cost of running these championships is very high and the organizers wish for as much support as possible from Staff and Students. Tickets may be had from Hon. Treasurer, U.H.A.B.C., at the Counting House, Guy's Hospital, S.E.1. Prices range from 3s. 6d. to 21s.

PRESENTATION OF PORTRAITS OF TWO DISTINGUISHED NURSES TO THE GENERAL NURSING COUNCIL

An unique ceremony was held on Wednesday evening, 12th January, in the Council Room of the General Nursing Council for England and Wales, 23 Portland Place. Lady Mann, formerly Vice-Chairman of the Council, held a reception when the portraits of the two nurse-chairmen were formally handed to the Council for keeping in perpetuity.

The portrait of the first Chairman, Dame Ellen Musson, D.B.E., R.R.C., LL.D., was painted by Dame Laura Knight, R.A., who was present on this occasion and spoke a few words about the portrait and her pleasure in painting it. Dame Ellen Musson was Chairman of the General Nursing Council from 1926 until 1944, when Miss Dorothy M. Smith was elected ; she has been its able Chairman for the past eleven years. Miss Smith's portrait was painted by Mr. Harold Knight, R.A., who unfortunately was not able to be present on the 12th January. Eminent members of the nursing profession were present, representatives of many spheres of activity.

Members of Council, past and present, included several Guy's trained nurses and Miss J. Addison, our present Matron, and a few Guy's Sisters were invited. The Guy's Sisters were delighted to attend on this happy occasion to honour Miss Dorothy M. Smith, Chairman of Council, of whom we are very proud.

We understood from Miss Smith that she had given fifteen sittings for the portrait and had never before sat so still for so long. She had, however, found the talks with Mr. Harold Knight very interesting. The pose of quiet purposefulness was characteristic. We missed the depth of colour in the blue eyes and fresh complexion but we were assured that these showed very clearly in daylight. We now look forward to viewing these two portraits in the Academy in May. Later they will be returned to the Council Room of the General Nursing Council where many members of the profession and friends will wish to see them.

D.L.H.

GUY'S HOSPITAL CLUBS' UNION

At a meeting of the Clubs' Union Council on the 29th October, 1954, the following awards were made :—

Club	*Full Blues*	*Half Blues*
Cricket	M. B. R. Mackenzie	W. R. Knapman
	E. R. Gibbons	A. L. Gunn
	D. W. Atkinson	J. F. H. Young
	M. A. C. Lyon	
Lawn Tennis	R. W. Elsdon-Dew	A. Black
	J. A. Quant	G. C. Jones
Golf	N. Gracey	
	J. R. Fieldhouse	
Sailing	T. P. Bass	J. Metcalfe
		K. Gilbert
Swimming	D. Rees	B. Maitland
	K. Wilkinson	S. Sorabjee
		J. Allardice
Squash	S. J. S. Lam	

CONSTIPATION IN INFANCY & CHILDHOOD

A Clinical Lecture given at Guy's Hospital, on Monday, 29th March, 1954.

By RONALD MAC KEITH, D.M., F.R.C.P.

Definition

LADIES AND GENTLEMEN,—The latin work *stipare* means to press and so as far as derivation goes, constipation means the passage of compressed, that is, hard stools. It is not what it is commonly assumed to be, synonymous with infrequent defæcation, though that is often accompanied by the passage of hard motions. The advertisement in the Tube trains tells us that " you may be regular but you may be a day behind " and bringing the idea of delay, perhaps we might adopt as a definition the following :—

Constipation is the delay in passage of material through the bowel resulting in the formation of hard stools, the passage of which gives discomfort.

The passage of hard stools is not always uncomfortable. The stools of artificially fed babies are not infrequently solid and crumbly. There may be a great contrast between the anguish on the face of the mother as she hears the marbles rattle into the pot and the baby's smile of satisfaction.

Discussion

Constipation has been considered harmful but today its ill effects are thought to be only the discomfort at defæcation. No longer is alimentary intoxication believed to result from constipation. That great Guy's surgeon, Sir William Arbuthnot Lane is better remembered for his orthopædic work although he was widely known for doing colectomies to cure constipation. Not that he erred alone in his day and the personal column of the *Times* probably still carries advertisements of people who will do colonic lavage for you. The clyster or enema syringes were prominent in the armamentarium of the physician of the 17th and 18th centuries. Molière's *Médicin malgré lui* has charming lyrics about giving clysters and I believe that the earlier performances had ballets on the subject. Here is a 1701 prescription from Andry for a clyster for children with threadworms :—

> " For children this is a washout that one may use :—Take leaves of mallow and of violets and gillyflowers (i.e. clove-scented pinks), of each a handfull; cabbage leaves, one or two ; seeds of coriander and fennel, of each 2 drachms ; flowers of camomile and of little centaury, a pinch of each ; make a decoction of all with milk and dissolve in the filtrate an ounce of common honey, and 2 drachms of confection of beetle."

If we accept that constipation is not particularly harmful why is it that the Island Race—the great British Public—is so preoccupied about its regular bowel actions that, outside the N.H.S., it spends £70 million a year on purgative pills, tablets and salts and takes the word " medicine " to mean an aperient? Even if no toxins are absorbed, does a distended lower bowel reflexly produce the headaches and other symptoms commonly ascribed to constipation? I don't know, you must decide for yourselves and for your patients. The symptoms of constipation are probably largely due to fear of constipation. This fear of constipation arises partly from confused thinking ; the constipation which is a common feature of an acute illness is considered to be the cause of the pyrexia although it is much more likely to be the result of the anorexia and the sweating which are other features of the complex of " fever ". The fear of constipation is partly due to skilful advertising. Partly it was learnt from mothers or nannies who learnt from their mothers who learnt it from doctors fifty years ago. " No stool no school " was once a common morning threat, no longer heard in British homes. More speculative are ideas about the sensuous or even sensual pleasures to be derived from the judicious use of aperients. It would be an error only of style to refer to this preoccupation with the need for regular bowel actions as fundamental but today mothers are less obsessed with the idea than they used to be ; perhaps the future for those who sell aperients is dark.

The Physiology of Defæcation

Normally as a result of a mass forward movement of colonic contents, fæces move into the rectum; the distension of which produces a call to stool. This normal process may fail if there is inadequate food residues or if " the call " has been often ignored. If the diet contains too little fluid, the residues will be smaller because more water will have been absorbed from them ; if nearly all of the food taken is absorbed, there will be but small residues ; if but little food is taken by mouth there will be little to pass. Genteel ladies need not worry about the lack of privacy if they are shipwrecked and in open boats for days on end. In infancy underfeeding is certainly the common cause of constipation although sometimes a large plump baby with a large food and fluid intake is constipated, apparently because his absorbing mechanism is so efficient. The response to the stimulus of rectal distension is immediate and unpremeditated in the early months of life. (There is a record of a 3 month old baby who squeaked once when he wanted to pass water and twice for " jobbies "). In the later half of the first year the child usually obliges when he is sat on a pot after breakfast, and often gives recognisable indications that he wants to go to stool. Sometimes he resents the pot because it is cold or uncomfortable or if he has been frightened by the flushing of the W.C., but this is commoner later on.

It is in the second year that control of the bowels becomes established. The child is conditioned to go on a pot and not in his clothes by being given the chance at suitable moments and by praise from his mother. Sometimes her behaviour will appear to the child to be most inconsistent. First she praises him to the sky for his achievement and the next moment she blames him for his interest in his product and adds insult by throwing the gift away. Some mothers are so worried about the need for regular defæcation and for training that the whole affair becomes a moral issue. Don't blame these mothers—they are only acting on what we were teaching some years ago. Here is an extract which unconsciously reveals the mother's anxiety about this relatively unimportant subject.

> " The observation of the motions is much too important to be left to the young child ; he should not be made responsible for himself. Yet four-year olds are often merely asked daily whether they have had a movement, and no inspection by an adult takes place. There are so many points to be noted, regularity, amount, and the character of the stools, that the daily inspection should not even be left to a nurse if she is inexperienced. No comment on the character of the stools should be made in the child's presence ; you do not wish him to become fussy about his health, and it is fatally easy to make him " nervy " about his bowels. Above all, do everything in your power to protect him from obsession by the daily duty. The strained expression on the faces of children who are allowed to share the adult's anxiety as to whether or no the day's performance will be satisfactory, is all too common."

(From *Common Sense in the Nursery* by Mrs. Sydney Frankenburg. Penguin Books, 1946.)

In the second year we may get the phenomena of " holding back ". This is merely a Declaration of Independence. It doesn't do to fight a child about whether he does or does not want either to eat or to defæcate—he can always win. Leave him and don't express annoyance because he deposits his stool on the lawn or on the nursery floor. He'll return to more convenient behaviour if he isn't driven to assert himself in this way.

As the child gets older and finds more and more in the world to interest him he may be so preoccupied that accidents will sometimes occur. Incidentally one may note that the 3 year old becomes modest about these affairs and wants to have the door shut.

Aetiology

The range of normal has always to be remembered. A healthy breast-fed baby may have six motions a day or one every three days, but when it comes it is of normal consistency, soft, resembling tooth paste. The bottle-fed baby's stools vary but they may resemble dry marbles and these may be passed only every second day.

In acute infections, constipation may occur because less fluid and less food is taken and more water lost in sweating. The actions of the bowels should be noted because the passage of hard stools can be very uncomfortable. When, at age thirty, I had diphtheria no one considered this for me and the first performance after 10 days was most exhausting—ever since then I have had deep sympathy for women in labour.

If you have to answer an examination question dealing with a common problem like this, it is well worth while searching your memory for personal experience. I have mentioned one ; another I think of is being afflicted while sailing or camping. Constipation may be due to change of routine or to the discomfort of the closet.

Less common causes

If we look over the list of causes

Congenital
Traumatic
Acute Inflammatory
Chronic Inflammatory
Neoplastic
Endocrine
Allergic
Psychological

we shall recall some rarer causes. In the neonatal period the bowels will not be open if there is Imperforate Anus or Meconium Ileus. (Strictly speaking, these conditions of obstruction are not constipation as it is defined above). The latter presents more commonly as vomiting but both need operation and it is to be remembered that newborns stand operation better in the first 48 hours than after several days. Perhaps the infant accepts it all as part of the birth process. Remember that if there is one congenital anomaly, there is often another. In one child Mr. Lawrie dealt with an imperforate anus at birth ; next day we asked him to treat the child's duodenal atresia, once again with success but when we came back again to ask him to repair a tracheo-bronchial fistula, it was too much.

The imperforate anus may be closed by a thin membrane easily incised or by a thick layer. If you turn the child tail-end uppermost and take a soft-tissue X-ray with a 6d. bit on the dimple which replaces the anus, the blind end of the rectum will be shown up by the air in the bowel and the thickness of the membrane will be evident. If it is thick a colostomy is done and the anus repaired later on at the moment of election.

The example of constipation from an endocrine cause is cretinism. Treatment with thyroid cures the constipation. In the management of the treatment of cretinism with thyroid, the bowel function is a useful criterion that the right amount of thyroid is being given ; a criterion to be used together with observations of bony age, serum cholesterol, protein bound iodine and the general condition.

Megacolon

There are two varieties of megacolon, Hirschsprung's Disease and Secondary Megacolon. In Hirschsprung's disease there is severe constipation, it may be days or weeks between the occasion on which the bowels are opened. The abdomen is distended and the child is often undersized and looks ill—the reason for which I do not know. There is no incontinence of fæces—a rectal examination reveals an empty anal canal. X-ray shows a distended colon and a narrow terminal segment for the last few inches. The distended bowel shows no abnormality in its wall ; but the narrow part has no ganglion cells ; the obstruction is due to inability of the terminal segment to relax. At operation this narrow segment is removed and the descending colon brought down to the anus. It is only recently that the clinical and anatomical distinction between true Hirschsprung's Disease and secondary megacolon have been made clear by the work of Ehrenpreis, Swenson and Bodian and Stephens.

Secondary megacolon is commoner. The cases I have seen range from 4 to 14 years old. The rectum and ascending colon are full of fæces and soiling—encopresis—is common. Bodian remarks how these children often pass their motion standing up. He suggests this is because they find it easier so. This seems to me very unlikely. I think that very often these children, certainly the older ones, have a serious degree of emotional disharmony with their surroundings;

they often, perhaps usually, need specialist psychotherapy, although the younger children may respond to simpler measures. Sometimes it is necessary to change the environment by sending the child away from home for a few months or a year or so. Dr. Vaughan and Dr. Cashmore at our Child Guidance Clinic have noted that the mothers sometimes appear not to want the symptom to clear up. They have also noted that it does clear up at puberty.

> MICHAEL K., aged ten, was such a child. He had arrived in the world at an awkward time when his mother was having to move house frequently to be near her soldier husband. Admitted to Diplock, in 24 hours he became clean and regular—only to relapse on return home. His mother was a very conscientious person and the washing needed was no joke for her. Giving enemas regularly did not cure the soiling or the constipation, but 1½ years at a boarding school did. Once the symptom of soiling was lastingly relieved the secondary tension between mother and child disappeared. With this fresh start the boy returned home and all was well—at any rate superficially.

> ROBIN M., who was born with an imperforate anus, had a colostomy done at birth and at age four had the anus skilfully reconstructed and his colostomy closed by Mr. Eckhoff. Later he developed secondary megacolon with soiling. As it was almost impossible to get a finger into the anus, it was concluded that he had a fibrous stricture there, for that is a well known late sequel of operation for imperforate anus, and so bougies were passed regularly. The simple procedure of coproscopy had been omitted. This would have revealed that the diameter of his stool was a good inch and a half. There was no stricture, only a condition of the anal sphincter corresponding to vaginismus. Robin's problem was complex. Of course he disliked all these procedures but why was he so constipated at home? The family was in tension; dissension and divorce were in the air—nobody wanted him. Robin's difficulties were helped by the child guidance clinic and he improved further when he joined a sailing club. I took him there for his first trip. We only just survived a fearful squall in which two boats overturned and our dinghy was dismasted ; but Robin came back the next Saturday for more and in the friendly atmosphere of this sailing club he found a welcome and has steadily developed in self confidence, although he still has some " accidents". Here the symptom was valuable in that it drew attention to the serious emotional disturbance of the boy.

Treatment of Constipation

One of the common complaints of students is that treatment is neglected by teachers, and one of the common complaints of examiners is that the candidates' recommendations for treatment are sketchy and too often deal only with drugs. The treatment of constipation provides a good example of a subject about which everyone really knows a good deal about without specific teaching and also it is a good example of treatment in which drugs play only an auxiliary part.

Let us employ another of our standard mnemonics and consider treatment under the headings :—

Regime
Diet
Specific treatment
Symptomatic „
Surgical „
Psychological „

Regime

A good active life is needed with plenty of food and the opportunity to defæcate in comfort whenever the call comes. Remember Pavlov. Train the bowel to be conditioned to respond to a regularly occurring situation conducive to defæcation. Build on the gastrocolic reflex which is most active at the first meal of the day. Prescribe two large cups of water, lemonade or tea to be drunk on waking, to be followed by a good breakfast and an unhurried sit on the throne. In North Africa there is an old Roman city, where I saw a semi-circular row of massive carved marble seats, each perforated with underneath a channel which, presumably once had running water. There I suppose the Centurions or Senators came and gossiped after breakfast. With children, one may well ensure that there is reasonable comfort in the lavatory, although they do not need to be supplied with the *Times* and a cigarette.

Exercise is good and massage a very useful aid. Many adults with chronic constipation will bless you if you introduce them to a little book called " The Culture of the Abdomen " by Etty M. Hornibrook—but such exercises are rarely needed for children who are active enough in their ordinary play.

Diet

The more you put in at one end, the more you would expect to get out at the other. Certainly underfeeding is a common cause of constipation. The deficiency may be of water as well as of food. This is to be remembered, especially in hot weather. Robert Hutchison used to ask scornfully " who ever saw a costive brewer?" Was it the fluid intake, the extra food or perhaps the vitamin B in the beer? Vitamin B is essential for good function of the bowel but it is doubtful whether an ordinary mixed diet is deficient. Bemax may be given for it is a source not only of vitamin B but also of good protein as well, but it contains no roughage for it is derived from the wheat germ, not from the husks which make bran.

Constipation in the sense of hard stools does not occur with breast fed infants getting enough to be happy and grow well. As regards bottle fed infants, I was taught that excess of protein produced firmer stools, excess of sugar looser stools while excess of fat makes worse whatever tendency is already present. Many nurses are artists with the infants' formulæ—inspecting the stools and adding a dash more lactose and so on. But the stools of even a healthy breast-fed infant may vary from day to day. I think it is simplest to treat constipation in healthy babies by increasing the amount of food without changing the formula but many people prefer to give more sugar—sucrose or lactose or malt extract are probably more efficient than pure glucose, which is probably absorbed too quickly. Increasing the amount of food or of sugar probably acts by affecting the growth of the bacterial flora.

Some constipated infants are already so fat that one is reluctant to increase their milk or sugar intake. Try giving them liberal amounts of water between feeds, and especially first thing in the morning. Success may follow an early introduction of sieved fruit or vegetables or giving these several times a day instead of only once. With rather older children the common cause of constipation is that the child finds it necessary to assert her independence. The infants whom Clara Davis allowed to choose their own diets from the time of weaning were none of them constipated. Perhaps they ate more, perhaps they could express their personalities at meal times and didn't need to do so afterwards.

Fruit, raw or cooked, helps ; many vegetables do, though I am sceptical about greens. Fruit before breakfast is said by one authority to be magical.

Should roughage be taken intentionally? Considered as a mechanical irritant or stimulant of peristalsis, roughage has small advantage over chemical irritants like the aperients, but unabsorbed residues do provide bulk which is a physiological stimulus to peristalsis. If the patient likes fruit and vegetables and can afford them, he may well take them.

The Specific Treatment involves the removal of the cause of the disorder and often this can be done when it is underfeeding, a state of war between child and mother or a Hirschsprung's disease. Remember too that constipation is commonly a sequel of taking aperients—either given regularly every Saturday because it is traditional or given because the child has a cold or a colic.

The Symptomatic Medicinal Treatment is exemplified by liquid paraffin, cellulose and aperients. Liquid paraffin lubricates and gives bulk and is relatively safe but has certain disadvantages. It is liable to leak out ; it may interfere with the absorption of vitamin A and in infants it may easily get into the lungs where it produces a chronic irritation—a lipoid pneumonia. Cellulose and its derivatives provides bulk and a bulky soft stool is easily evacuated. Tablets, granules of the dry cellulose or mixtures containing a hydrated cellulose derivative alone or in combination with mild aperients are all available. As with other stimulants of peristalsis they are only a relatively minor part of the treatment. Agar-agar is rather expensive and a common preparation combining it with liquid paraffin contains very little agar.

There is one point in favour of having such bulk formers in the diet. They may make you live longer. Carlson and Hodzel in 1948 found that in rats fed *ad libitum* the life span of both sexes was increased by 10 per cent. if the diet contained 25 per cent. of relatively smooth unabsorbable bulk-former—they used cellophane flour. This diet with 25 per cent. bulk-former in it prolonged the life span as much as fasting one day in three which was previously found to be the optimum amount of intermittent fasting for rats for prolonging life span.

Aperients are a useful auxiliary aid, but can give secondary constipation. They should be given daily and gradually tapered off—and not given to produce periodical explosions. Magnesium hydroxide is a useful mild aperient, especially for infants ; and syrup of figs and senna, for example the standardised preparation *senokot*, are useful. I dislike aperients masquerading as chocolate because children may take too much. If the use of castor oil as an aperient were forbidden, several lives a year would be saved, for we have still to make sure all mothers know never to give an aperient as a treatment for abdominal pain. Calomel I dislike because some have an idiosyncrasy and get violent colic with it; it was the common aperient ingredient of soothing and teething powders and recently was removed because it seems in a few babies to produce pink disease. We have now begun to see sensitivity reactions to the phenolphthalein used instead.

Psychological treatment is implicit in much of what is said. Convey to mothers that nothing worse than discomfort can result from missing the daily performance. If a two-year-old is dirty, you can guess that his mother has been over-anxious about his bowels. Remember that constipation with soiling in an older child is usually evidence of a considerable degree of maladjustment between child and his environment.

Prevention

Constipation often produces symptoms only because the person expects it to do so. We can teach children in school about how their insides work and how to keep them working well. Earlier than this we can try to ensure that as infants their bowel training is done without excessive anxiety on the mother's part. Good general advice on infant feeding is a good prophylactic against constipation in infancy and advice on management will prevent " holding back ".

The world is so full of a number of other interesting things that it is a pity that people should spend an excessive amount of time, money and interest on how and what they are excreting.

ON GROWING OLD

By WILLIAM T. MILTON, M.D., M.S.

MANY years ago I had occasion to meet the late Mr. Trethowan, of Guy's, at a consultation, the details of which I cannot remember, with the exception of a remark he made to me, perhaps prompted by the scrutiny of my ageing countenance. " There is one great consolation in growing old in that one realizes that one has learnt so many things that can never by any chance be found in any text-book."

This must have made a great impression on me at the time, and I have often thought of it since, more so lately, now that I have reached the end of my professional life. The thought that chiefly comes to me is, ' what a great fund of information must be stored up in the memories of thousands of old Guy's men who have been in practice for many years, knowledge which is mostly doomed never to see the light of day, and which, if set free, might prove of great help to those who follow on.'

' Things that can never be found in any text-book ' suggests the unorthodox, and there must be few practitioners who, looking back through the years, cannot remember some occasions when, defeated in the care of their patients by the failure of well recognized methods of treatment, they have forsaken the beaten path of orthodoxy, and branched off into a bye-path of their own devising, sometimes perhaps with happy results.

Looking back through my own passage of years I can only bring to mind a meagre list of situations in which I deviated from the teaching which I imbibed as a student at Guy's in the 'nineties,' but I should like to record them, in the hope that they may be helpful to at least some of the younger generation.

I have always been interested in Migraine, perhaps because I am subject to it myself. In my case, the attacks that I get are of the most trivial description, a sudden blurring of the centre of the field of vision, causing a little difficulty in reading, then rapidly the appearance of a circle of quivering zig-zag fortification figures, which quickly expands to the periphery, leaving the centre clear once more. The whole phenomenon never lasts more than fifteen minutes, and I rarely get any headache or other unpleasant after-effects, in fact I have never had to stop carrying on with whatever I was doing when the process started. I often pass long periods without any, and then perhaps I may have these little experiences daily for two or three days.

I have always regarded these attacks as allergic in nature, probably due to absorption of some foreign protein from the alimentary canal. If this is right, then it is likely that the more severe incapacitating attacks which drive their victims to seek the aid of their doctors, are of the same nature. It is common knowledge that the ingestion of shell-fish, tinned food, etc., frequently leads to urticarial manifestations in the skin, and, bearing this in mind, I wondered whether it were not possible for similar manifestations to occur elsewhere, say in the cerebral tissue posterior to the optic chiasma, where such abnormal tumefaction might easily be responsible for the erratic transmission of light waves to the receptive centres, giving rise thereby to the visual phenomena so characteristic of Migraine.

If this were correct I realized that the only rational method of treatment was to try to prevent attacks by improving the hygiene of the alimentary canal by oft repeated administration of some drug that might be calculated to have that effect. Actually my choice was dictated to me by a sudden recollection I had of once reading a statement that there would be much less ill-temper in the world if a weekly administration of Blue pill and Black draught were general practice. I have for many years carried out this procedure, substituting however a Seidlitz powder for the Black draught, as being less nauseating. I have always impressed on my patients the necessity for the weekly administration, and further suggested that for most people the best time was for the pill to be taken on Saturday night, and the Seidlitz powder early on Sunday morning, when there would be no train to catch! I always added these words 'take it whether you think you need it or not'

I have been highly gratified with the excellent results I have had, and I do not think I shall be exaggerating if I claim that in ninety per cent of my cases there has been a marked improvement both as regards frequency and severity of the attacks. In some of my cases attacks entirely ceased during the course of treatment. Two days ago I received an entirely unsolicited testimonial from an old patient who stopped me in the road, and told me that the treatment I had advised for his Migraine was the best he had ever had. Almost concurrently with this, another patient came to me for a 'repeat' prescription. He told me that his supply had run out some weeks ago, and that he had had since then a very bad attack of Migraine, and he wanted to start again, as it was the only treatment that had done him any good.

A treatment for Whooping Cough

In my earlier years, as medical officer to a girls' convent school, I had under my care a girl who was suffering from a severe attack of whooping cough. At about that time I had read of the beneficial effect of intra-muscular injections of ether in cases of pertussis, and, seeing that my treatment so far had been ineffectual I obtained permission from the Mother Superior to try this particular treatment. The girl quickly recovered, but I had great difficulty in carrying out the injections, as the girl, quite naturally I suppose, considered them worse than the disease. I told my brother, the late Dr. Edward Milton, of my experience, and he took it up with enthusiasm, but unfortunately he had on two occasions the misfortune of breaking his hypodermic needle, owing to the plunging of the babies, and in the second case we had to perform a minor operation to recover the broken off end. In spite of this the mother begged him to continue the treatment as it had been so beneficial. This *contre-temps* led me to experiment with ether given orally, and to make it reasonably palatable I had it made up to the prescription :

Æther pur	♏iii
Tinct. Quillaiæ	♏ii
Liq. Rosæ dulc.	♏v
Syr. Simp.	♏xx
Aq. ad	ʒi

To be taken every two hours.

Made up in this way I always found that the children took it readily, after perhaps jibbing at the first few doses. I warned the mothers to keep the bottle tightly corked, in a cool place, and not to remove the cork in the neighbourhood of a radiator or naked light. I stressed the importance of frequent administration by saying that I wanted the child's breath to smell always of ether, for it seemed natural to suppose that the beneficial effect of ether by injection lay in its excretion by the air passages, the point of entry and the habitat of the whooping-cough germ. In the case of young babies I started with a dose of 2 minims of ether. As regards results we found almost invariably that the infection was controlled within three weeks, and that if any cough remained after that period it was of the mildest description and not in the least distressing. Occasionally I found that respiration became a little bubbly, reminiscent of the patient on the operating table who has had an administration of ether, but no harmful results ever followed. We regarded this result as good, as compared with the results we had had prior to its inception, and in fact, even after the lapse of about 20 years, my nephew Dr. Leslie Milton still remains faithful to it, with occasional use of intra-muscular injections.

I confess that I am ignorant of the results obtained by the use of modern antibiotics, such as chloromycetin, as I always refrained from their employment by reason of their great expense. I am also ignorant of the present value or otherwise of immunization against pertussis, but I fancy it has not yet reached the peak of perfection attained by the same procedure against diphtheria, for several of the babies I immunized nevertheless contracted the disease, and I could not satisfy myself that there was any mitigation in its severity. I feel sure that success will be attained, but at present the prevention of pertussis seems to be following the same slow course of evolution as was exhibited in the attempts to secure immunity against enteric fever. I was an eye-witness of the first futile effort, for I went to South Africa during the South African war, as civil surgeon. On the way out in the S.S. Mahratta I inoculated a large number of the Yeomanry on board, as well as myself. Lord Roberts had advanced to and captured Bloemfontein, and I was drafted to General Hospital No. 9, at Bloemfontein, under canvas. The hospital and others in the neighbourhood were full to overflowing with soldiers suffering from enteric fever of a severe type. I made it my business to try and find out whether or no inoculation was effective, and kept records for that purpose, but after many weeks recording I found such a long list of men who had been inoculated, many of whom died, that I came to the conclusion that inoculation had no effect, either in preventing the disease or in mitigating it.

The Memorial in the Colonnade at Guy's bears eloquent witness to the large number of Guy's men who never came back.

Years passed, and in 1914 I was again posted, strangely enough, to General Hospital No. 9, at Rouen, and I never saw or heard of any cases of enteric fever, which I believe was practically non-existent during the whole campaign, thanks to immunization.

Reflexions on Circumcision

I have an idea that nowadays the operation of circumcision is not performed to anything like the extent that it was in my early days. Then it was regarded as common practice, and was undertaken with the idea of preventing paraphimosis and balanitis from inflammation of retained smegma, which objects it certainly attained, also to eliminate the difficulties of micturition through a long and tight foreskin. Other indications centred around the possibility of reducing the incidence of masturbation, and the risk of contracting venereal disease in adult life. In these days the risk of venereal diseases does not loom so largely or so darkly as in the nineties, when they were so difficult to eradicate, and perhaps these altered conditions may account for the operation being in decadence. There are still occasions, however, when the neglect to circumcise has later been regretted. Some months ago a mother brought her son to me, aged about a year, with a deplorable condition of balanitis from suppuration associated with retained smegma. She had been confined at a neighbouring hospital, and had asked that her son should be circumcised. This was refused, as being unnecessary, and she was now, naturally, very upset about it. I sent her back to the hospital, but it was a good many weeks before they cleaned up the trouble sufficiently for operation, which was ultimately carried out.

I think I have circumcised nearly all the male babies that I have delivered, and it is in connection with the operation of circumcision that I forsook the path of orthodoxy, as taught at Guy's, for what I considered a better method. A friend of mine, a graduate of Edinburgh University, asked me to give an anæsthetic to a baby for circumcision. I noticed with surprise that he slit the foreskin dorsally from orifice to corona, and did the same ventrally to the region of the frænum. The two lateral flaps, which had been freed from the glans prior to the ventral incision, were then excised with curved scissors close to the corona, the usual sutures were inserted, after hæmostasis had been secured, and ordinary dressings applied.

It struck me at once that this method ensured the removal of the prepuce, and prepuce only, for there is no guess work about it. By the ordinary type of operation, as taught at Guys in my time, clamping of the foreskin by dressing forceps held obliquely in front of the slightly retracted glans, followed by the shearing off of the foreskin anterior to the forceps, one removes a variable amount of foreskin, it may be too little, it may be just right, or it may be too much. The connective tissue between the skin of the penis and the body of the organ is extraordinarily lax, and a heavy handed operator may, in siting the position of the dressing forceps, push the body of the penis too far back, with the result that he excises too much tissue, and the end result is that the penis is condemned to a shortened skin sheath, and there may be trouble when erection occurs.

I once had the mortification of having to do the operation again, as the end result showed a tight cicatricial ringed orifice half-way between the urethral opening and the corona, and this tight ring was firmly adherent to the glans penis. I had obviously removed too little of the foreskin. This could not have happened with the operation I have just described.

There is, to my mind, another objection to the clamp method, which does not arise in the operation I have just described, and that is the tendency to the formation of an unsightly bulbous swelling in the region of the frænum, due partly to its dependent position, and partly to inflammatory action secondary to septic absorption from dressings which, from their locality are apt to be sodden with urine. I know that this swelling eventually subsides, but it is ugly, and apt to cause misgiving to the fond parents. I think that the obliquity of the forceps is responsible for this, as it results in a little too much skin and loose connective tissue being left in the neighbourhood of the frænum.

There is one little item which I consider important in the operation I have described, and that is to put in a fine catgut suture at the proximal end of the dorsal slit, through skin and mucous membrane, to mark accurately the mid-line, as one is apt, when dissecting away the lateral flaps, to lose one's bearings. This suture, held loosely by Spencer-Wells forceps, can be subsequently tied when hæmostasis is secured. I usually put in a suture in the frænum, and one at each side, although I doubt if the latter are necessary.

It was sometime after this that I made another break with tradition by leaving off any and every kind of material dressing. Dressings are ordinarily used to keep the operation wound clean and free from infection, but in this region I am convinced that they frequently have the opposite effect, in that they tend to become soaked in urine, and inevitably become more or less adherent to the penis. Frequent renewal is necessary, it often starts fresh bleeding, and is always painful to the baby who voices his displeasure in the usual way.

I watched my first case with some fear and trepidation, but I need not have worried, for there was no sepsis, no pain, and healing was quicker than usual. I had given the mother instructions to treat the baby as usual in the way of baths, to smear a little vaseline or boracic ointment over the glans, and to dust some boracic powder on and around the seat of operation. I had no trouble with the mothers, but quite a bit with the nursing staff at our local hospital, for they did not like the idea of sending out an operation case without any dressings. I may add that I have never had any trouble of any kind in the many cases I have treated in this way.

I should like to end these remarks on circumcision on a note of interrogation, for I do not know the answer. Mr. Sampson Handley some years ago, after visiting the Far East, reported that in Fiji (if my memory is correct) the inhabitants were of two distinct racial types, and that one of these practised a crude form of circumcision, and the other did not. He stressed the fact that in the first, the womenfolk were singularly free from cervical carcinoma, while in the other the incidence of the disease followed ordinary lines. I remember that there was a good deal of correspondence in the *B.M.J.* following his announcement, but I cannot remember how the controversy ended. Whatever the upshot was, it could not have been a condemnation of the operation of circumcision.

Sebaceous Cysts

In my later days at Guy's, as a House-surgeon, I was one day carefully freeing a sebaceous cyst from its skin covering in the orthodox way, when the late R. P. Rowlands (always affectionately known as R.P.), suddenly chipped in : " Why don't you cut straight into it, get hold of the capsule with Spencer-Wells, and twist it out ? " This suggestion did not appeal to me, for I did not like the idea of having the field of operation flooded with sebaceous material, and I carried on as I was doing. Never-the-less, knowing R.P. as I did, and knowing his brilliance, I kept his advice in mind for use on a future occasion. This came when a lady appealed to me to rid her of eleven small sebaceous cysts from her scalp. I used his method, and cleared the lot in a surprisingly short time.

Measles

I think I can safely say that one can never, in any text book, find a reference to ' Suppressed Measles ', yet this is an expression often made by parents to the doctor who is enquiring after the previous medical history of a child. I suspect that the phrase originated, in many cases, from the doctor's predecessor, to cover up a mistaken diagnosis. However that may be, I had in my earliest days as a general practitioner, a most interesting and tragic case which might fairly be described under that heading.

My patient was a young girl, and I knew the specific date on which she had been exposed to infection by Measles. True enough on the tenth day she ran true to form, developed pyrexia, with suffused eyes, sneezing, irritable cough, and I waited confidently for the rash on the fourth day of illness. It never appeared, then or afterwards, and her constitutional symptoms increased in severity, and she drifted into a state which made me convinced that she had a rather anomalous attack of enteric fever. I got the late Dr. Lauriston Shaw to see her, and he suggested that her symptoms indicated a miliary tuberculosis. This diagnosis proved correct, for a few weeks after, she died with symptoms of meningitis.

This does appear to me to be a genuine case of ' Suppressed Measles ', for it is obvious that the Measles virus had been side-tracked by an avalanche of tuberculous infection before it had time to run through its whole gamut of recognisable symptoms. This case is a good illustration of the truth of the teaching that measles has a sinister reputation for its tendency to unlock any tubercular ' safe-deposit ' in the body, thereby unleashing a fresh re-infection. Whooping cough is also said to have a similar reputation, but I have no experience of this.

* * *

Lastly there is one subject in which I have been greatly interested, namely, the benefit that accrues in many instances to elderly patients who have shown signs of a failing myocardium, such signs as pallor, syncopal attacks, shortness of breath, inability to carry out even light household duties, by a regular and sustained course of intra-muscular injections of liver extract. There may or may not be positive indications of cardiac weakness, such as œdema of ankles, etc. I have dealt with this class of cases in a previous article which was published in the *Guy's Hospital Gazette* recently, and only mention it now as coming within the scope of this article.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Residents' Play

SIR,—I would be grateful for the use of your columns to announce the dates of the forthcoming Residents' Play. Performances will be given each evening from Tuesday, 22nd to Friday 25th February. Applications for tickets should be addressed to the President of the Residents and should reach him not later than February 12th. Every effort will be made to allot the seats fairly but inevitably some applicants will be disappointed, and to those I offer my apologies in advance.

As usual there will be no charge for tickets and the high cost of the production must be met by donations.

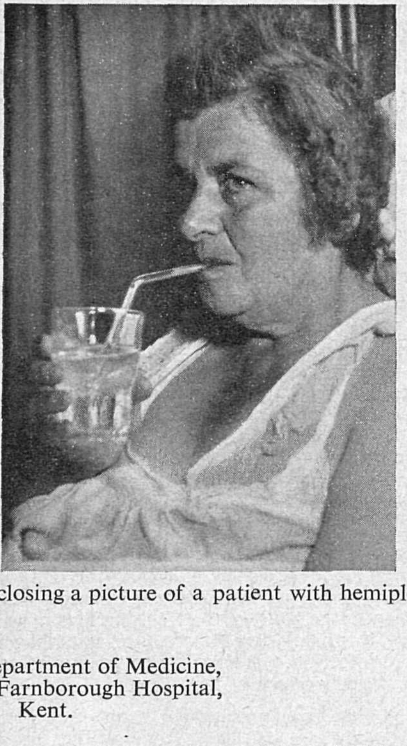
Yours etc.,

J. W. GOODFELLOW,
President of the Residents.

Guy's Hospital, S.E.1.

A glass drinking straw

SIR,—This spring, I was fortunate enough to spend a few days in the Academicka Sjuckhuset at Upsala in Sweden. Professors Upmark and Askmuler, who have visited Guy's since the war, send their greetings.



I was looked after royally, and they told me they would be pleased to show any further Guy's students or doctors over their hospital. I attended ward rounds, operations, demonstrations and lectures, which were given in English for my own benefit. I was over there for the Student Festival of Walpurgis on the 30th April. Good accommodation is available at the University for foreign students at this time, and English students will be made most welcome. Application should be made in March to the Upsala Students' Union.

I am enclosing a glass drinking straw which is in use in Swedish hospitals. We have introduced it at Farnborough Hospital with great success. It is designed for weak patients who normally require to be feeder fed; with its aid they can take fluids themselves at their leisure. It is kept in the drinking glass by the patient's bed. They are easily made in the laboratory and I am enclosing a picture of a patient with hemiplegia using one.

Yours etc.,

PETER COOK.

Department of Medicine,
Farnborough Hospital,
Kent.

Surgical Take-In Sheets

SIR,—Your reproduction of Mr. Arthur Crook's " Interesting Relic " spurred me to search my archives to find a similar record of a Take-In of the late " John " Dunn of happy memory. My Take-In sheet is undated, but records a Take-In during my dresser-ship October, November and December, 1909—*i.e.*, while the old Front Surgery was still in use.

Alas, no pictorial masterpiece adorns it, but its interest lies in a Take-In of 44 surgical cases served by the following firm: H.S.: V. Townrod, H.P.: H.A.M.E. Ball. A.H.S.: A. M. Tolhurst. Clinical: H. Bastard. Take-In Dressers: E. A. Penny and G. Y. Thomson. Dresser: W. E. Fox. Ward Clerks: V. Glendinning, W. Smythe and F. Tooth. Those were the days!

Yours etc.,

E. A. PENNY,

Newtown House,
Beaminster, Dorset.

The Boat Club

SIR,—We read with alarm your paragraph on the United Hospitals Regatta in *Passim* of a recent issue. Alarm, Sir, because, to our knowledge, several of your intelligent readers have read therein an implied criticism of the state of affairs in Guy's Hospital Boat Club. We therefore beg space in your columns to correct any similar misconceptions in the minds of the rest of your reading public.

Several technical difficulties prevented our entering crews for the United Hospitals' Regatta this year, the greatest of which was the decision of the United Hospitals' Regatta Committee to race only four-oared and smaller craft. Guy's entire fleet consists of two shell-built racing *eights*, and we found ourselves therefore without a craft in which to compete. (This deficiency is shortly to be remedied, due to the generosity of the Clubs' Union Finance Committee.)

It is the intention of the United Hospitals' Regatta Committee to replace the eight-oared events of the United Hospitals' Regatta with bumping races early next year, and you may be interested to know that, at the time of the United Hospitals' Regatta, we had already started to prepare two crews for this event, and for the " Head of the River " at Putney in March, as well as for various other races against hospitals and colleges.

Yours etc.,

MICHAEL R. BOUNDY, *Captain.*

M. A. YOUNG, *Secretary.*
Guy's Hospital Boat Club.

REVIEW

Clinical Endocrinology. By A. W. SPENCE, M.A., M.B., F.R.C.P. Cassell & Co., Ltd., 1953. *Price* 50*s*.

There are now numerous textbooks of endocrinology, many of them American and therefore very expensive, and most of them so long and comprehensive that though they may be of great value as reference works to clinicians specially interested in endocrinology, it is difficult to find time to read them in this age of medical verbosity. Dr. Spence's textbook is therefore especially welcome for it contains only about 500 pages of actual text: nevertheless it is complete, and the student, the practitioner or the consultant who wishes to be *au fait* with this rapidly advancing subject can rest assured that " Spence " will tell him everything he needs to know. It furthermore has the advantage over some other textbooks on the subject that it is written clearly and simply with a minimum of technical jargon, for Dr. Spence is essentially a common-sense physician who has never been attracted by stunts or small print.

After a remarkably succinct account of the physiology and classical disorders of the principal endocrine glands there is a section on miscellaneous disorders in which myasthenia gravis, intersexuality, sexual precocity, dwarfism and infantilism, obesity—a masterpiece of common-sense, complete with simple diet sheets—sterility, hyperinsulinism, the use of œstrogens and androgens, and preparations and methods of administration of steroid hormones, are dealt with in less than a hundred pages. This section contains the information for which one might have to rummage in half a dozen or more reviews or books on endocrinology and it gives exactly the answers that one seeks.

I think this is the best British text book of endocrinology for the clinician that has appeared so far.

P.M.F.B.

THE CHRISTMAS CONCERT PARTY

—a further note

Our readers will be interested to know that nearly all the lyrics and the music for the Concert Party of which we wrote in our last issue, were composed by Bernard Coleman.

SPORT

BOAT CLUB

The gruelling effects of the Christmas weekend took their toll when on Monday, 27th December, 1954, Guy's entered a four in the Richmond Boxing Day Regatta. We were in the Redway Cup event and our opponent in the first round was a Pemberton Gowers' four. We lost to them by ½ a length over a course of a thousand yards. This performance cannot be strongly condemned because the Guy's four had not taken this non-status regatta too seriously, with the inevitable result that no training had been done until the very race itself—when the recent nocturnal habits of the crew displayed their detrimental effects on efficiency and stamina. The Redway Cup was won by a strong senior four from Crowland R.C. in the final against Petersham Gowers.

Guy's four was : Bow, M. A. Young. 2, G. Longson. 3, T. Cullinan. Stroke, M. Boundy. Cox, C. Thompson.

Spectators on the towpath were given an amusing five minute broadcast over the loudspeakers by Guy's personnel who provided a running commentary, studded with pseudo-American slang, on the last race of the day between two ladies' crews in the final of the "Elizabeth Rose" Bowl. Private interviews, held with the members of each crew before the race, ensured that the broadcast was factually correct. A good time was had by all that sunny Bank Holiday morning.

In February there will be a race against Bart's in shell VIII's at Putney. Details about this fixture will be announced later.

TABLE TENNIS

Guy's *v.* Northampton Engineering College III

9th December, 1954

Result, Won 10-0

Team: A. Akiwumi, P. Kurland, J. McCormack.

Guy's *v.* Battersea Polytechnic III

10th December, 1954

Result, Won 7-3

Team : P. Kurland, J. McCormack, J. Jaworski.

HOSPITAL INFORMATION

NEW YEAR'S HONOURS LIST

Knight Bachelor

R. R. Macintosh, M.A., D.M., F.R.C.S.E., F.F.A.R.C.S.

C.B.(Mil.)

Major General C. W. Greenway, C.B.E., M.R.C.S., L.R.C.P.

O.B.E.

Miss Ruth H. Pecker, S.R.N.

M.B.E.

Miss Florence M. Shackshaft, S.R.N., S.C.M.

Miss Ethel G. Taylor, S.R.N.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Registrar to the Radiotherapy Department** (whole-time). D.M.R. preferred but not essential. Duties to commence as soon as possible. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **5th February, 1955.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Non-resident Senior House Officer** in the Casualty Department for five morning sessions weekly. The appointment is for six months from the 1st March, 1955. Applications and copies of three recent testimonials should reach the Hospital Secretary by **Wednesday, 9th February, 1955.**

HOUSE APPOINTMENTS

1st March, 1955

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st March, 1955.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetricians (1 *Pre-Registration*) 2
(*commencing* 1.3.55)
(1 *Pre- or Post-Registration*)
(*commencing* 1.5.55)

Throat and Ear House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital.)

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

Resident Anæsthetist (*Post-Registration*) .. 1
(commencing 20.3.55)

R.M.O. Nuffield House (*Post-Registration*) 1
(*commencing* 18.3.55)

N.B.—As from 18.3.55, the R.M.O. in Nuffield House will be paid at the rate for a Middle Grade Registrar, *i e.*, £850 per aunum, and a deduction of £185 per annum will be made for board and lodging.

The Medical Committee will also consider applications for appointments at outer hospitals as follows :—

ORPINGTON HOSPITAL

House Surgeon (*Pre-Registration*) .. 1

JOYCE GREEN HOSPITAL, DARTFORD

House Surgeons (*Pre- or Post-Registration*) 2

ST. JOHN'S HOSPITAL, LEWISHAM

Casualty Officer (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL

House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office, not later than **Tuesday, 1st February, 1955.** Candidates who apply for appointment at Guy's as Assistant House Surgeons, Assistant House Physicians. House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration Posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a Surgical post only and not a Medical post.

APPOINTMENTS

UNIVERSITY OF LONDON

Board of the Faculty of Medicine

Dr. E. R. Boland

Representatives of the Boards of Studies

Dentistry : Professor W. E. Herbert.

Pharmacology : Professor J. M. Robson.

Pre-Clinical Studies : Professor C. B. Allsopp.

Other members of the Faculty appointed on the recommendation of the members of the Faculty :

Mr. H. E. Harding   Professor W. R. Spurrell

RECOGNITION OF TEACHERS

Full Recognition

R. W. R. Baker, M.A.(Oxf.), Ph.D. as a Teacher of Biochemistry at Guy's Hospital Medical School.

P. J. Collard, M.D., M.R.C.P. as a Teacher of Pathology at Guy's Hospital Medical School.

J. C. Houston, M.D., M.R.C.P., as a Teacher of Medicine at Guy's Hospital Medical School.

PASS LIST

UNIVERSITY OF LONDON

Academic Postgraduate Certificate in Public Health

December, 1954

C. S. Pitt

Third (B.D.S.) Examination in Dental Surgery

November, 1954

Honours

(*a*) T. P. Bass   (*b*) J. N. James
(*a*) D. J. Veale

(*a*) Distinguished in Orthodontics
(*b*) Distinguished in Medicine.

Pass

C. P. Briggs
I. M. Briggs
D. A. Coppock
P. Degens
P. H. Goddard
H. C. F. Hudson
D. A. Lambert
J. D. Lane
J. S. Lee
P. A. Long
E. W. Lunn
B. H. Pritchard
P. J. Wege

Part I

Sheila M. Evans
Marion F. Fairfax
M. A. Gillon
R. G. James
D. I. Joiner
D D. Jones
D. F. Keane
E. M. Lasserson
Lily G. Lopez
J. A. A. Ranson
W. A. A. Renner
C. E. Ribbons
N. Sharples
R. W. Slee
R. E. Turner

Part II

A. S. Atkinson
A. S. Baker
B. W. G. McG. Beeching
C. J. Booth
D. F. Crouch
P. L. Cumming
M. R. Davison
A. N. Greenwood
A. R. Grice
J. R. Harris
B. Holmes
R. F. King
C. J. Lambert
C. B. G. Major
J. Metcalfe
J. W. Osborn
Annette F. P. Pountain
M. R. Rothschild
M. J. N. Segerdal
H. R. Singer
R. D. G. Stevens
A. D. Wheeler
J. Wolfle

Second Examination in Dental Surgery

December, 1954

Wendy J. Bray
K. Redford
D. A. Sabel
M. J. Woodman

Special First Examination for Medical Degrees

December, 1954

Marcela L. Kodickova
Karen E. Poole
J. W. Woods

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

F.R.C.S.E.

G. T. F. Braddock

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.
Ordinary rates
1 line 6s., 4 lines 20s. Box Numbers 9d. extra.

SUNNY SPAIN. Come and enjoy the delights of fiesta atmosphere at **Hotel Adriano** at **Lloret de Mar** on the beautiful Costa Brava. Our enthusiastic staff are eager to give you a warm welcome and first class service. English and Spanish cuisine. All modern facilities. Resident English hostess.

Gay and enchanting **Lloret** with its abundant sunshine offers you all you desire for the perfect holiday at all times of the year. Springtime is especially beautiful.

Terms from 18s. 6d. per day. Write for Brochure to A. Hayes, 60, The Upper Drive, Hove. Phone 58423 or direct to the hotel.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGE OF ADDRESS

A. J. D. Gibbings, L.D.S.R.C.S., from Westwood, Southbourne Road, Bournemouth to Anlaby House, Baker Avenue, Salisbury, S. Rhodesia. (1st February, 1955).

PAPERS BY GUY'S MEN

Ackner, Brian. Depersonalization. I. Aetiology and Phenomenology. *J. Ment. Sci.*, 1954, **100**, 838.

Ackner, Brian. Depersonalization. II. Clinical Syndromes. *J. Ment. Sci.*, 1954, **100**, 854.

Ellis, F. G. Smell Absorbent Dressings. *Practitioner*, 1955, **174**, 103.

Jacobs, Leonard. Harley Street. *Practitioner*, 1955, **174**, 88.

McLean, Kenneth. Toxicity Effects of Penicillin. *Practitioner*, 1955, **174**, 45.

Mitman, Maurice. Penicillin as a Prophylactic. *Practitioner*, 1955, **174**, 58.

Ogilvie, Sir Heneage. Shock. *Brit. med. J.*, 1955, i, 159.

Rushton, Martin A. The Entry to Dental Research. *Brit. dent. J.*, 1955, **98**, 11.

Symonds, Sir Charles. The Circle of Willis (Harveian Oration). *Brit. med. J.*, 1955, i, 119.

Veall, N. and others. Radiation Dosimetry of Rubidium-86. *Nature*, 1955, **175**, 34.

BIRTHS

BLACKBURN.—On 7th January, 1955, to Joan (née Bowen), wife of Guy Blackburn, of 4, Holly Lodge Gardens, N.6, a daughter.

CRABB.—On 31st December, 1954, at St. Brenda's, Bristol, to Isobel (née Buchan), wife of H. S. M. Crabb, M.D.S., a son (Benjamin Stuart), a brother for Angela.

DEARDEN.—On 11th January, 1955, at Stockport, Cheshire, to Joan Kingston (née Richardson, S.R.N.) and Peter Dearden, a daughter (Sara Felicity).

EVANS.—On 4th January, 1955, at Guy's Hospital, to Hilary (née Evans), wife of J. H. Evans, M.B., M.R.C.P., a son (David Howell).

GRESHAM.—On 5th December, 1954, at St. George's Hospital, Christchurch, New Zealand, to Margaret (née Parker, S.R.N.), wife of John Gresham, L.D.S.R.C.S., a daughter (Caroline Elizabeth).

GRIFFITHS.—On 21st December, 1954, at Bransford, Hereford Road, Monmouth, to Janette (née Westwood), wife of George E. Griffiths, M.B., B.S., D.C.H., the gift of a son.

HERBERT.—On 27th November, 1954, at Carmarthen, to Marion (née Powell, M.Sc.), wife of John L. Herbert, M.B., B.S., a son (Richard Arthur).

LESTER.—On 30th December, 1954, at Dulwich Hospital, S.E.22, to Brenda (née Belsey, S.R.N.), wife of Higham Lester, L.D.S.R.C.S., a daughter (Katherine Joan).

SEARLE.—On 17th December, 1954, at Crawley, Sussex, to Enid (née Dawe), wife of Eric G. Searle, D.F.C., L.D.S.R.C.S., a daughter (Georgina Helen).

STEVENS.—On 6th January, 1955, at Nuffield House, Guy's Hospital, to Aileen (née Mason, S.R.N., R.F.N.), wife of W. J. Stevens, F.F.A.R.C.S., a daughter.

MARRIAGE

FREW—ROSS.—On 11th December, 1954, at St. Bartholomew's Church, Horley, Keith M. Frew, L.D.S.R.C.S., to Peggy Ross, M.C.S.P.

DEATH

BARBER.—On 14th January, 1955, at Nuffield House, Harold Wordsworth Barber, M.A., M.B., B.Ch., F.R.C.P., of 85, Harley Street, London, and 23, Lewes Crescent, Brighton, aged 68. Cremation private. Memorial service to be announced later.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1736 *5th February 1955* *One Shilling*

PASSIM

We record with deep regret the death, in Nuffield House, of Professor James Whillis. For the great number of his friends among staff and students in the Medical School and Hospital the gap caused by his passing will be impossible to fill. The charm of his character, the brilliance of his academic achievements and the diversity of his interests made him an outstanding personality not only in the contemporary scene at Guy's but also in the wider professional sphere outside.

To his wife and son we extend our affectionate sympathy. There will be a Memorial Service in the Hospital Chapel on February 8th at 1.45 p.m. In our next issue we shall publish an obituary.

We mourn a great teacher and a lovable man.

In our last note on the New Year Honours we omitted to mention the award of the C.V.O., to Mr. A. C. McLeod, Dental Surgeon to the Queen. We congratulate him warmly on this honour.

On 13th February, we say good-bye to Dr. T. A. Munro who is leaving us to take up his new appointment as Physician Superintendent of the Royal Edinburgh Hospital for Mental and Nervous Diseases. We congratulate him on the distinction which Scotland has conferred on one of her loyal sons. Guy's Hospital, and in particular the York Clinic, will miss him keenly. We wish him and his family much happiness in their new, though familiar, surroundings. In our next issue we intend to publish an appreciation of his work among us.

Sir John Conybeare sails for South America on the R.M.S. *Alcantara* early this month. He expects to be away for some six weeks and will be travelling as far as Buenos Aires and back again. We hope he enjoys this cruise which will be a welcome change from the recent inclement weather in the Borough.

Dr. D. A. Pond has left the staff at Guy's where he has worked with the Department of Neurology. We send him our good wishes in his appointment at University College Hospital.

It is very satisfying to hear that there are plans for the renaissance of the Pupils' Physical Society. This society stems from the Guy's Hospital Physical Society formed in 1771. It has the distinction of being the descendent of the earliest medical society in London and, probably, one of the most senior societies of its kind in the world. The Pupils' Society was constituted in 1850 and has a great tradition of splendid work throughout the years.

In recent years, however, its activities have become rather stereotyped, the meetings have become fewer and what was an essential part of the Hospital's life has become the hobby of but a few enthusiasts. The Society's meetings in their usual form have become redundant—displaced from their sphere of activity by such neophytes as Combined and Departmental Rounds. This is, in some ways, sad but must of course be accepted. It seems that the Society's clinical meetings, for long a training ground in technical presentation and debate for generations of our predecessors, must be continued only in a much altered form.

The future of the Society and its new aims is to be the subject of a meeting on Wednesday, 9th February, at 1.30 p.m., in the Physiology Theatre. It is up to the students of all clinical years (especially the first two) to attend and contribute new ideas and support this cultural ornament of Guy's.

It is, perhaps, revealing no secrets to state that the re-organizing committee have some interesting and stimulating new plans for the Society. These include discussions on non-medical and what might be called "para-medical" subjects; visits to other hospitals and places of medical interest and the revival of the presentation of original papers by students.

We feel that anything less than enthusiastic support by the vast majority of clinical students would be a disgrace to the present school population. This Society, associated with the names of Astley Cooper, Hodgkin, Bright, Addison, Wilks and Jenner must not be allowed to perish from want of enthusiasm after so many years of great service. The society will require additional funds to enlarge its sphere of operation and it is to be hoped that the Clubs' Union and other bodies may support it generously.

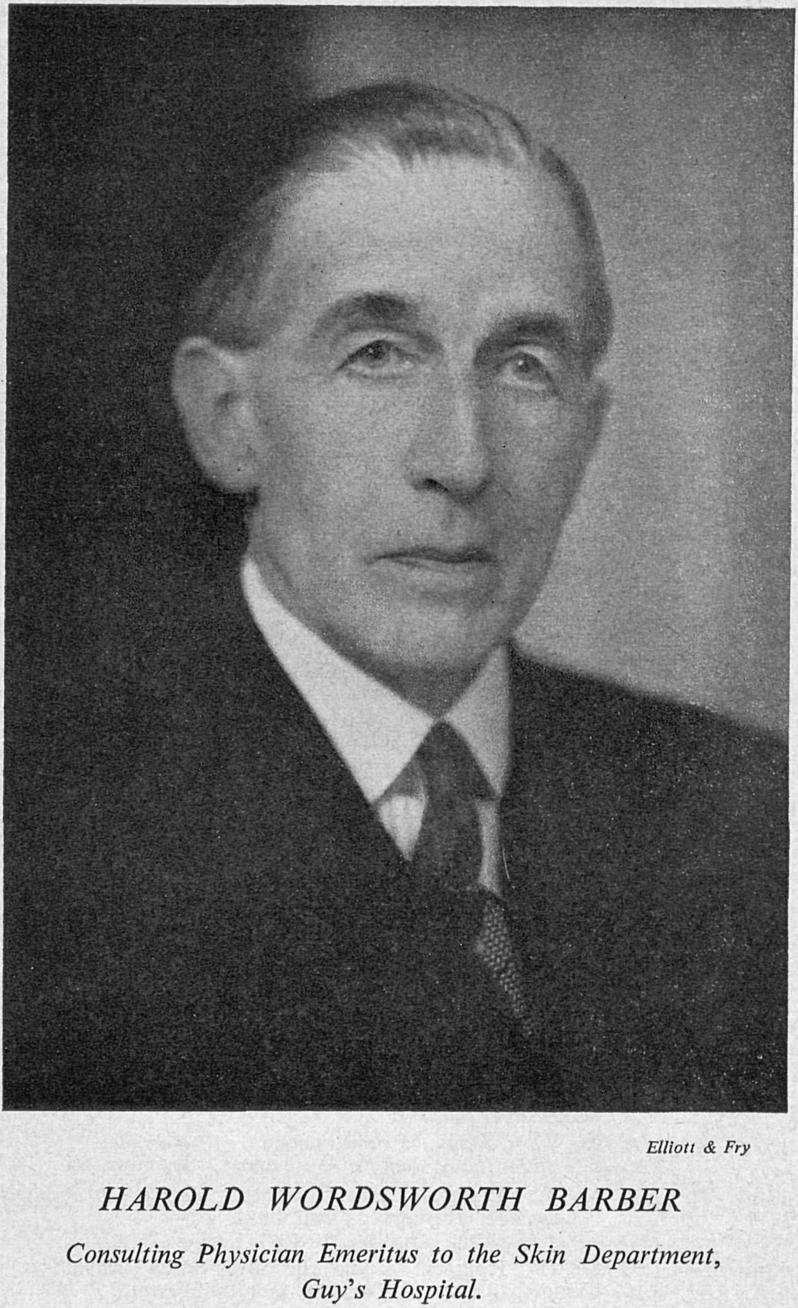
The fourth annual Clubs' Union Ball was held on Friday, 21st January. An account appears on page 53. We would like to say here however that it was a great success and a credit to Mr. Ellis and his fellow organizers. It has become a firm and popular fixture in the social life of the Hospital.

High up on the walls of Hunt's House on the level of the third floor are two grimy stone plaques carrying Hospital crests. These are hidden behind a thick black veil of dirt and mouldering stone. Many old Guy's men returning to the Hospital comment that these crests are much more obscured than in the years before the War. Would it be possible for them to be cleaned and, possibly, the crests coloured in the Guy's colours?

On the wall in the Out-Patients' Hall there is a remarkable new machine. It shows the area of Greater London and is provided with a mobile "roller towel" map which can be moved vertically within the frame. By a suitable adjustment of the grid scale and reference to the names at the base it is possible to find one's way to any part of the great area covered. More than that, there is an entertainment guide as well as a comprehensive list of shops and traders. This pictorial device is already a popular feature of the Out-Patient department and is likely to provide interest to the casual, and value to the puzzled. We tried it ourselves the other day but are bound to confess that the scheme was somewhat complex and needed a good deal of examination before it could be put to use. But then we never were very good at finding the way—even in the real London.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Varicose Veins.*
7th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Malignant Growths of the Oesophagus.*
8th	T	1.00	Dr. E. J. Crisp. Clinical Lecture. *Hydrocortone in the Treatment of Joint and Soft Tissue Lesions.*
9th	W	1.30	Pupils' Physical Society. General Meeting. Physiology Theatre.
		4.45	Science Club. Mr. R. W. Stanford, M.A. *Xeroradiography and its present application to Medicine.* Staff Common Room. (Tea 4.30 p.m.)
10th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Some Recent Cases.*
		5.00	Mr. Murray Falconer. Neurosurgical Round.
		5.00	X-ray Meeting. Gordon Museum.
11th	F	2.15	Combined Round. Pre-clinical Classroom.
12th	S	10.00	Mr. W. D. Doherty. Departmental Round. Clinical Theatre. Rugby 1st XV *v.* Old Alleynians (Dulwich). Ireland *v.* England (Dublin).
14th	M	1.00	Mr. Patrick Clarkson. Clinical Lecture. *Early Care of Major Injuries of the Face.*
15th	T	1.00	Dr. W. N. Mann. Clinical Lecture. *Steatorrhoea.*
		7.30	United Hospitals' Boxing Tournament. Seymour Hall.
17th	Th	1.00	Mr. L. Willmore. Clinical Lecture. *Disorders of Speech and Language*, illustrated by recordings.
		5.00	X-ray Meeting. Gordon Museum.
18th	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Status Asthmaticus.*
		2.15	Clinico-pathological Meeting. Gordon Museum.
19th	S		Rugby 1st XV *v.* Aberavon (H.O.P.).
21st	M	1.00	Dr. W. S. McConnell. Clinical Lecture.



Elliott & Fry

HAROLD WORDSWORTH BARBER

Consulting Physician Emeritus to the Skin Department, Guy's Hospital.

OBITUARY

HAROLD WORDSWORTH BARBER, M.A., M.B., B.Chir., F.R.C.P.

DR. HAROLD WORDSWORTH BARBER died on 13th January, 1954, in Nuffield House, to the great sorrow of all those at Guy's who were fortunate enough to have been associated with him. He spent the whole of his professional life at Guy's and took a worthy place with those eminent physicians and surgeons who were significant in medical thought and writing of his time. Barber was a man of striking appearance and personality. He was tall, spare and finely proportioned and took pride in his physical fitness. A good athlete he played tennis for Cambridge, was a good golfer and would run with his dogs in the early morning on Hampstead Heath.

Cricket was a passion with Barber. He read into the performance of the players the fortunes and character of his countrymen. The current test matches were followed closely while he was in Nuffield. The low scores of some players he thought indicated a lack of application and feeling of responsibility in those who represented England. However, he did not lack humour and realized that his views were perhaps peculiarly his own.

Bird watching, racing and the breeding of horses interested him. He could recite the pedigree and characteristics of a line with authority. He was even able to use his knowledge with financial advantage in a remarkably consistent fashion.

He had a handsome aquiline face with clear grey eyes and with age his face became even more refined and aristocratic. His voice was manly, resonant and persuasive. His intellectual interests covered a wide range. His French was perfect and his love of French literature and verse were displayed on those occasions when he held converse with his friends at his home. He read widely, his library contained a large number of first editions and he would talk with enthusiasm on the literary merit of the authors. Until the second world war he was a regular theatre goer and his recollections of the famous figures of the stage and the productions of new and classic plays gave much entertainment. These stories were a feature of the Monday lunches at the old restaurant in London Bridge Station. They were social occasions for his registrars. Barber was an excellent conversationalist and raconteur. He would tell of the port medical officer who was well known to, and terrified visiting ships' medical officers. Barber after listening to a harangue leant across the desk and said "I know what is the matter with you Sir, you have myxoedema," which, said Barber, he had. He would tell the story of Hurst, a somewhat impulsive driver, who while having an attack of asthma and driving too fast down hill found that the brakes were not working. "His asthma ceased at that moment" said Barber. Also of the duel to which he was challenged by Unna's son when Barber criticised some of the methods of Unna's Clinic.

These abilities were seen to excellent advantage when Barber spoke at public dinners. He was fluent, graceful, witty and kind. Barber's career from the time that he went to Cambridge with a scholarship from Repton was uniformly successful and sustained until his death. Clare College, Cambridge he held in affectionate regard saying that the only time he felt really at rest was when he revisited the college and walked on the lawns to the river. At Cambridge he met many of his friends including those who preceded or accompanied him to Guy's and who influenced his choice of medical school. He obtained first class honours in the Natural Sciences Tripos in 1908 and the M.B., B.Ch. in 1911. He then, with the Arthur Durham Travelling Scholarship, spent a year in Paris and Hamburg.

In Paris at the St. Louis Hospital the great personalities of this important and active centre, including Darier, Sabouraud, Brocq, Gougerot, Civatte and Tourraine were to influence his attitude to cutaneous disease. He was liked and admired by his French masters and remained their firm friend. Barber's intelligence, clarity of expression, and ability to relate the skin reaction with the physical and mental status of the patient lead to his recognition as an equal by the French masters.

In Hamburg, at Unna's Clinic, he was able to familiarize himself with the scientific work of this important German school where the new knowledge of chemistry in its application to histopathology was intensively studied. Barber returned to Guy's as a Medical Registrar and showed his ability as a physician and teacher. In 1915 he joined the R.A.M.C. and served on a hospital ship, and in India, Mesopotamia, German East Africa and France. While in France with Drs. MacCormac and Semon he wrote on the infective disorders of the skin and on Seborrhœic Dermatitis which incapacitated for long periods so many of the troops. In this work he developed his conception of the importance of metabolic factors in these cutaneous reactions. He also carried out experimental work on himself and demonstrated the sensitising power of mustard gas on the skin.

Sir Cooper Perry was a general physician at Guy's and also had charge of the skin out-patients. In this he followed the long line of distinguished physicians—Addison, Gull, Wilks, Pye Smith, and Fagg who had held a similar position. Cooper Perry picked Barber as the first Physician in Charge of the Department of Dermatology in 1919. Barber quickly established himself in his speciality and his reputation in Guy's and the country was such that he was recognized as a leading authority.

Dr. Dowling has truly remarked that for a long time Barber dominated thought in British dermatology. He wrote easily in a style that invited careful reading and held attention. The arguments were illustrated by his case records and the work of others in all branches of medicine. He was able to draw on his wide experience and reading because of his excellent memory and logical disposition of his knowledge. His papers contain many original observations and interpretations of known cutaneous syndromes. The list of his publications is a long one and will be detailed in the Guy's Hospital Reports.

The Lettsomian Lectures to the Medical Society of London (*Lancet*, 1929, ii 363, 483, 591) will repay reading by all physicians both for content and style, and his last work, the Prosser White Oration

"What is Truth?" (Transactions of the St. John's Hospital Dermatological Society, 1953) is a restatement of his beliefs. In the clinic, Barber was superb. His examination was meticulous. He could demonstrate the fine points of morphology and his flair for detection took him on the road to ætiology. His clinic was visited by the junior and senior dermatologists of this country and abroad for they all recognised Barber's particular clinical ability. He was able to inspire his colleagues and juniors to interest themselves in the problems of psychiatry, endocrinology, and metabolism as they affected dermatology.

The Guy's men who had worked with Dr. Barber, met with him at the beginning of last year to wish him good fortune in his retirement from his Hospital duties and to thank him for his teaching. He was always generous in the time he gave to his juniors and interested in their careers . He delighted to refer to their work and publications. At that meeting Barber was presented with a pair of binoculars designed for bird watching. His delight in meeting many of the men he had taught and the thought that had prompted the gift was touching. It indicated his simplicity and lack of pretension.

We will treasure his memory.

L.F.

A note on Barber as a Registrar :

It was the fame of the scientific physicians and of certain scientists, whose names were familiar in the mouth as household words, that drew the young man to Guy's from the School of Physiology elsewhere. But when I came to this great Hospital it was not only to encounter what I had expected but to find spirits of another sort as well, the men who were artists by temperament and taught medicine as an art. Prominent among them was Barber, one of the two medical registrars. He had been born in the great flowering period of the Victorian era, the culmination of centuries of culture by an old race ; and as well as any man I have known he gave example of its shining merits, its courtesy, its love of beauty and its balanced view of life.

He was very good-looking, with particularly fine, deep blue eyes beneath an intelligent brow. Wit flashed out in his sudden smile ; well-bred ease bespoke the gentleman ; from the thoughtful lines of his face humanity looked forth. To the grace of his appearance he used to add the dignity of morning coat and top hat, at least at first, and under his arm he carried a red-bound volume, badge of office of the registrar. Such was the man that greeted me with much civility upon my arrival in the medical wards, and such was one of the best teachers of medicine known to me. Notwithstanding the fact that his main business was to initiate us into clinical methods it soon became obvious that he saw each patient as a person, a being with his own features and characteristics, who could recall similar presentments from past impressions, or be classifiable as distinctive of a particular type of humanity.

For so young a man he seemed to have a wonderful knowledge of men and women ; and soon I became aware that it was from one who was neither precisely don nor doctor that I was receiving instruction but from a polished man of the world. To that sagacity he added a great deal of learning : then crowned it all with the air of effortless ease so charmingly affected by men of his time. He examined the cases at his disposal with great attention to detail and with full use of the eyes, ears and hands ; and so he proved himself a master of the art of eliciting physical signs, which was then a necessity for diagnosis ; and one could note that even at that time he had a particular aptitude for colour and form, including in his observations remarks about such matters as the colour of the hair, the shape of the eyebrows, the hue of the lips or the design of the fingers. In this faculty one may readily discern now the coming dermatologist ; but at the time it seemed to bring him into line with the painters. He gave a simple prescription for diagnosis, " Go over the case carefully and trust to your instinct ". Expanded a little this maxim might be, " Take in every detail, cultivate a memory for cases and the Unconscious will do the rest—if you happen to have one of the right sort ". Yet Barber, being a whole man, was enthusiastic in his use of laboratory methods in addition to the others.

I am grateful for all that he taught me in medicine and I doubt not that his other pupils feel the same ; but my gratitude does not stop there, because Barber's interests went beyond those things that he was engaged to teach. His rounds were enlivened with wit and humour and he would frequently step aside for a few minutes into fields outside the beaten path of medicine. Alone with you he would give you his views on literature and the arts, lend you books worthy to be read and be prepared to discuss with you what you had learnt. As we turned in together one day, student and teacher, and passed the statue of Thomas Guy, he banished with a single smile a preposterous error from my mind for good. Young enough still to take impressions, I was glad to be the recipient, when the hand was that of a master of urbanity.

I saw him twice shortly before his death ; and the last time was " of all the good days in the year upon Christmas Day ". The fine aristocratic features, worn and thin, had taken on a new beauty, of the kind that—because we know so little of ourselves and of our destiny—we call " spiritual ". He greeted me affectionately and we talked of things of our youth, of the essays of Le Gallienne, of the art of Max Beerbohm, the merits of the Yellow Book and the wisdom of Omar ; and we parted on a cheerful note. When I turned to go he was smiling with unabated composure and offering me wine ; and that was the last I saw of him. Many fine men are engaged in the practice of medicine and many more will enter the profession, but none will be quite like him ; for he was a type of the highly civilized English gentleman of the last century, something very near the *kalos kagathos*, the man as he should be, of the Greeks.

H.St.H.V.

JOHN CECIL OPENSHAW BRADBURY, M.R.C.S., L.R.C.P., L.S.A.

We record with regret the death of Dr. J. C. O. Bradbury, who died on the 13th January at the age of 81. He had lived in Kent for many years and after qualifying at Guy's in 1903 served as House-surgeon to the Royal Victoria Hospital, Folkestone, before going into practice at Sandgate in 1906. In 1907 he was appointed Honorary Anæsthetist to the Royal Victoria Hospital and for nearly thirty years served in this capacity. In the 30's he retired from practice but continued to serve as a member and later as Chairman of the Hospital Management Committee and until his death he continued to take a close interest in the welfare of his much beloved hospital. In addition to his considerable medical work and hospital interests, he was a great sportsman, being a noted shot. We offer our deepest sympathy to his widow and the rest of his family in their bereavement.

WALTER GILES, L.D.S.R.C.S.

Mr. Giles, who qualified at Guy's in 1902, had been in practice in Folkestone which was his home town for many years until his retirement in 1940. His brother, also a Guy's man, has also served in dental practice in Folkestone. Mr. and Mrs. Giles celebrated their golden wedding in August last year and we would like to offer our most sincere condolences to his wife and relatives.

ARNOLD LEEMING, M.B., B.S.(Lond.), F.R.C.S.(Edin.)

Arnold Leeming, born in 1881, went to the City of London School and University College, London, before entering Guy's in 1898. He was a fellow dresser with Mr. E. C. Hughes (Joey) under Mr. Jacobson, extended to six months. He was H.S. to Mr. Golding-Bird, just before the latter's retirement. Mr. E. C. Hughes was H.S. to Mr. Arbuthnot Lane (later Sir Arbuthnot) at the same time. For many years they remained warm friends and Leeming had a warm admiration for Joey's many talents and virtues.

Leeming played cricket for Guy's as a batsman and spare bowler and was captain of the second soccer team for several years. He went to do a locum at Sudbury (Suffolk) and stayed 18 years. He operated at the Sudbury Hospital and had a good local reputation for emergency surgery. He played cricket for Suffolk County. He served in the R.A.M.C. in the 1914–18 war, in France and Salonica, where he was a surgical specialist.

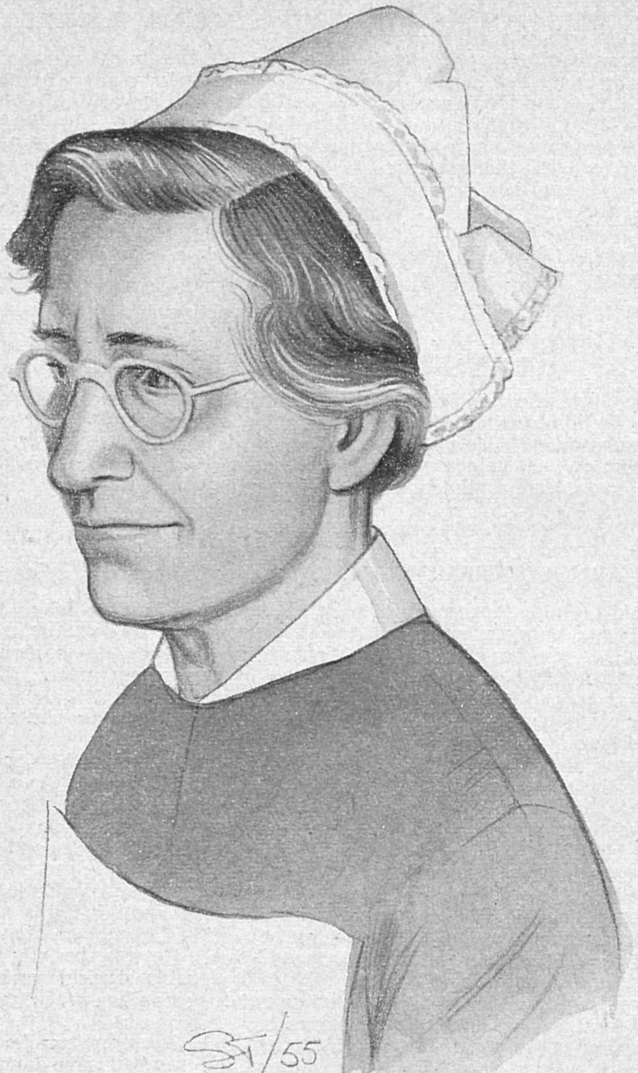
In 1922 he retired for a period from private practice and took the F.R.C.S. (Edin.) and settled in Cheltenham with Mr. Holmes, another Guy's man, as a general practitioner surgeon. He was on the staff of Cheltenham General Hospital and the Cheltenham Colleges for many years. He was specially interested in the radium treatment of cancer. He did valuable surgical work and his opinion was highly esteemed by his colleagues and surrounding practitioners. He was most kind and extremely conscientious.

He retired entirely in 1945 and went to live at Tankerton, where he was keen on gardening. He married Miss Anne Lamprey and they had three daughters and one son, a Guy's man, Dr. John Leeming, a dermatologist of Durban, Natal, for all of whom much sympathy is felt. His brother is Dr. Norman Leeming of Colwyn Bay. His nephews are Dr. Donald Leeming of Southport and Dr. Roy Leeming of Buntingford, Herts. They are all Guy's men.

PUPILS' PHYSICAL SOCIETY

There will be a special meeting in the Physiology Theatre at 1.30 p.m., on Wednesday, 9th February. Every clinical student is earnestly invited to attend as matters of considerable importance to the future of the Society will be discussed.

The business will include the election of President, Officers and Committee and the discussion of some newly proposed fields of activity.



Drawn by Sylvia Treadgold

AN APPRECIATION

SISTER D. E. CROSS

Night duty and Sister Cross are synonymous to hundreds of student nurses who have trained at Guy's during the past eleven years. Approximately one-third of a nurse's training is spent on night duty. From this, one can appreciate to some extent the measure of Sister Cross's teaching and influence. Eleven years of night duty is exceptional for a sister nowadays but Sister Cross *is* exceptional and all will agree that she has filled the rôle admirably. She is a disciplinarian but in no tyrannical way. Law and order, attention to detail, punctuality and accuracy are essential parts of a nurse's training. Sister Cross demanded the same accuracy in the arrangement of the bed curtains as in the measurement of drugs. Nurses did not always appreciate the importance of this.

Only the best is good enough, though many a reprimand was softened by the "Child, Child" which often preceded it. Sister Cross is essentially practical and this is reflected in her nursing and teaching. I remember when visiting a sick friend in one of the private rooms, seeing her make sure that the night nurse's chair did not squeak. She was equally practical when dealing with the hospital on fire !

Many patients have been grateful to her for her sympathetic understanding and for the confidence she gave them on her night rounds. Sister Cross is a great supporter of Guy's traditions and as one travels around the country meeting Guy's nurses it is gratifying to hear that these traditions are remembered and their value appreciated. Our system of reporting and presentation of "night slips" are nearly always mentioned. Her co-operation with the sister-tutors was much appreciated. No matter how long was the list of examination candidates, she always arranged for them to have a night off before the examination. This has long been a policy at Guy's but nevertheless considerable thought and ingenuity are required to accomplish this satisfactorily.

Sister Cross has given thirty-two years of her life to nursing, but it is for the last eleven years that "Auntie" as she is affectionately called, will be remembered at Guy's. A short time ago, a friendly policeman in the Borough asked a Guy's Sister if "Auntie" was still on duty in the Front Surgery at night ! We feel sure that her retirement will mean merely a change of occupation and that her home in the country will become the centre of village activity. We hope that she will enjoy many happy years and that she will find time to pay frequent visits to Guy's and to her many friends. F.T.

Sixty Years Ago

From Guy's Hospital Gazette, 9th *February*, 1895.

SPECIALISM IN MEDICINE.—A REPLY

SIR, With apologies for troubling you, I should like an opportunity to answer the letters commenting on my article on Specialism. Mr. Williams says the experience of a specialist must necessarily be of more value than that of a man who sees fewer cases of the same type. To me the contrary of this is obvious. Can Mr. Williams mention any single disease that an out-patient physician, who sees all cases as they come along, would not have experience enough to detect? I can think of none . . . Only a partisan interpretation of my paper could assume that I want every student to leave hospital knowing all things relating to disease; that would be a manifest absurdity! But my question remains still to ask whether the student is likely to get a better grasp of what he does learn from a teacher who looks at his patient as a man, or from one who sees in his case merely an object accidentally attached to an ear, nose, throat, or one that happens to be inside a "skin" . . . Clearly, if there are more out-patients than one man can attend to, two are required, or, as Mr. Williams puts it—again unconsciously pleading my cause—"There was an imperative call for a division of labour" . . . Quite so, and I merely propose to divide the labour, instead of dividing the patient, and to let the student always see the work done as he ought to do it, nay, as he will be obliged to do it in the normal practice . . .

I am, etc.,
S. W. MacILWAINE.

RE-SEARCH AND RESEARCH IN PSYCHOPATHOLOGY

By J. P. CRAWFORD, M.D., M.R.C.P., D.P.M.

(Largely from experience in the wards and departments of Guy's Hospital)

"IT is plain that psychiatric issues must be the concern of all doctors," writes Lewis (1950) before going on to give his well-known outline of a comprehensive psychopathology. His account lays due stress upon the "organic" factors which can sometimes be taken too largely for granted in a concern to communicate the less widely accepted "psychogenic" aspects of the subject. There is much of course that is common to pathology and psychopathology as Lewis sees it, but the tendency to encounter certain groups of illnesses only in separate medical surroundings, or to see them from different standpoints, can obscure similarities which are valuable to such an approach. The present article deals with the sorts of psychopathological idea and concept which have matured in the author's mind through experiences in this clinical "any man's land," and attempts to suggest directions in which further exploration might prove fruitful, particularly in relation to treatment.

Approach

It may not at once be apparent, where facilities for readily relating the neurological with the psychiatric do not exist, that such entities as extra-pyramidal syndromes have features in common with some mental states, the Parkinsonian facies for example being indistinguishable in itself from that occasionally seen in depression, or in hypopituitarism (Whittaker and Whitehead, 1954), and altered melody of language, attributed by Monrad-Krohn (1947) to lesions of the lenticular nucleus, having its equivalent in the absence of modulation of the voice seen in some patients with schizophrenia. Likewise that schizophrenic awkwardness or lack of grace in movement may, even though anatomy is not everything in posture (Braatøy, 1952), be brought about through anatomical channels, does not spring to mind when this illness is seen in isolation. To take an example of the opposite kind, cogwheel rigidity will be detected on occasion in fleeting transient form in "functional" disorder (Vujic and Ristic, 1946), only by those trained to be on the look-out for it. It is in this way in fact that flexibilitas cerea has been reported in "organic" states, e.g. Cushing's Syndrome (Davies, 1953).

Other neurological and also psychological conditions with similarities to psychiatric disturbance, are less concerned than this of course with purely somatic manifestations but may be at least as valuable to the present approach. Head's syntactical and semantic types of aphasia (Brain, 1940) for example are in some respects akin to schizophrenic language and thought disorder (quite apart from the ability of the patients to recover), and the reading disabilities encountered in some children attending the psychiatric outpatient department display other aspects of the functions (Solms, 1948) thus isolated.

Confusional states can be the most obvious of mental abnormalities to be seen in the general wards, and patients with illnesses presenting in this way and in these surroundings, such as tuberculous meningitis, can provide opportunities for correlating various aspects of the psychopathology of this mental state, especially if recovery under the influence of streptomycin is followed clinically by means of psychological tests repeated at intervals, or if such findings are accompanied by E.E.G. recordings and pathological investigations (Janbon *et al*, 1952). Confusional states also provide valuable opportunities for observing certain mental mechanisms, some of which may then be compared and contrasted with those in other mental states, e.g. schizophrenia.

Advance

Psychopathology is of course a growing subject (details have to be filled in) and this *growth* is as hampered by any too rigid separation of clinical interests as is any *approach* to the subject. Patients with confusional states may in this respect provide valuable opportunities for exchange and fusion of knowledge. Thus Naish (1948) discusses the differential diagnosis of this mental state, which may include such relatively rare conditions as acute porphyria (Hart and Collard, 1950), and hypercalcaemia (de Mowbray, Llewellyn-Smith and Symonds, 1954), both conditions which are also seen on occasion without accompanying mental abnormality

This suggests that there is some constitutional factor to be sought behind the lack of a constant correlation, as must also be the case for example when signs which can be found in hypocalcaemia associated with mental disorder, e.g. Chvostek's sign (Richter *et al*, 1940) occur in other instances when the blood calcium is at a normal level (Bendrat, 1952). The constitutional factors may be similar to those underlying the unilateral hiccough observed in a patient admitted in uraemic confusion, whose chest revealed a marked asymmetry.

Other neurological states than those referred to earlier, may, by comparison, throw light on " psychotic " or on " neurotic " phenomena. Amongst the former, perhaps, it may be suggested that the mechanism behind the smallness of images in micropsia seen as an isolated phenomenon, and that seen in certain deliria, is presumably the same. Amongst the latter, Alvarez, (1953) observation that there are features common to some of the sensations experienced by " neurotic " patients and a mild thalamic syndrome seems worthy of further investigation. Apparently exaggerated descriptions of symptoms, e.g. " It's like a nail being driven into my head," may prove to depend in part on the extremely unpleasant quality of a patient's experience, a feature of thalamic hyperpathia. Cohen (1947) however draws attention to the possibility of an organic peripheral component to the pains felt in neurosis " all over the body," and this could have a significant relation to findings such as those of Churchill-Davidson's (1954).

Neuropathological considerations in psychopathology include those lesions which may be accompanied by a particular mental state, e.g. the moria occasionally seen in frontal lesions.

Thus a woman of 53 attending the psychiatric outpatient department with complaints of fatigue and diminished interest and powers of concentration of a year's duration, exhibited a mild euphoria on mental examination which proved out of keeping with what otherwise might have passed for menopausal increase in anxiety. E.E.G. examination, in the absence of any abnormal clinical findings in the C.N.S. led to the discovery of a large removable frontal meningioma arising from the olfactory groove.

Fatigue or neurasthenia as in this patient may be the first indication of many organic processes in the brain. A man of 44 attended the psychiatric outpatient department with this syndrome for many months before the dysarthria, ataxia and involuntary movements of Huntington's Chorea became apparent. Fatigue is also a common symptom in affective disorder, yet the problem may occasionally be complex.

Thus an insurance clerk of 47 was admitted with three months' history of tiredness, loss of interest, depression, insomnia, a sensation of pressure on the vertex, dryness of the mouth and blurring of vision; all symptoms experienced in anxiety-depressive states. Some months after thorough but inconclusive investigation in the medical wards, whilst attending the psychiatric outpatient department, he developed visual field defects and diabetes insipidus due to a craniopharyngioma.

Lassitude as in these patients is of course a symptom found in many other conditions, for example anæmia (Langdon, 1905), " dumping syndrome " (Eckhoff, 1953) hæmochromatosis (Cammermeyer, 1947) and idiopathic steatorrhœa (Martin, 1952), and their further study, possibly along lines indicated by Gillespie (1926) or by Schwab and De Lorme (1953), might throw more light on this aspect of mental function.

Attention can with advantage be focussed at times on the differential diagnosis attending other individual symptoms, e.g. palpitations, sweating, constipation, insomnia or impotence, both to indicate the possibility of a common factor and in the interests of furthering a comprehensive pathology. The same principle can be applied to syndromes as to single symptoms. Lassitude, loss of weight and amenorrhœa may be present in phthisis, thyrotoxicosis, depression or in Addison's disease ; and hypoglycæmia whether spontaneous or induced, paroxysmal hypertension (Pantridge, 1951, Nuboer, 1954, Hamilton *et al.*, 1953, Baird and Cohen, 1954, Henry, 1954), ingestion of ephedrine (Bray, Merivale and Wilcox, 1951) and anxiety states have other elements in common.

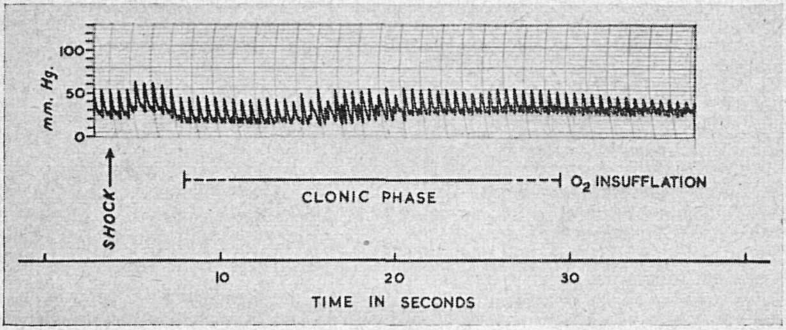
There are of course also relationships existing between certain accepted psychiatric entities which may not however depend upon " organic " factors. Thus hysteria can be associated with affective disorder, with alcoholism (Curran, 1951) or possibly with obsessional features, as in a motorman of an electric train who suffered with a phobia for thunderstorms, in one of which, although he managed to see his train safely into its terminus first, he collapsed " functionally " unconscious and was brought into the casualty department.

Similarly, a housewife of 45 attended the psychiatric outpatient department because she was unable, do what she might, to dispose of the image she had formed of her neighbour as she had come across him suddenly a day or two before, dead, hanging from a beam in his cellar. Her manner on admission was slightly histrionic, and an attempt to cut the illness short with a brief period of narcosis had to be abandoned due to excessive nausea and vomiting (incidentally the sort of reason which Meerloo (1951) gives for discouraging this therapeutic approach). The patient had been in the medical wards ten years before, for investigation of similar nausea and vomiting, and during that admission had developed an hysterical weakness of the right arm and leg when investigations did not confirm a recurrence of her gastric ulcer.

The connecting link between obsessional and hysterical illness may prove to be the affective disorder which can accompany both these entities. Such mood change sometimes leads secondarily to obsessional symptoms, as in a woman with Cushing's Syndrome, depressed over her altered appearance, who also developed an irrational fear of travelling in railway carriages unrelated apparently to her changed looks

The study of involuntary movements when they are associated with demonstrable pathology (Corsellis, 1951), electrical changes (Cobb and Hill, 1950) or mental disturbance (Lewis and Minski, 1935) may help to improve our concepts of cerebral as well as of mental function. The benefits of such clinical co-operation can of course be mutually fruitful. As a further instance, electroplexy provides an unprecedented opportunity for the study of grand mal seizures (*Lancet*, 1952, **1**, 1102) under conditions when, for example, individual variations in the pattern of the fit or alternation between decerebrate and decorticate positions of the limbs in the clonic phase, or pupillary changes, can be observed almost at the clinician's convenience. Such observations can be correlated with already established physiological findings, e.g. van Harreveld's (1947) dogs showed no major modification in the pattern of electrically induced convulsion after decortication, and Morin, Gastault and Cain's (1946) findings in intact animals recovering from similar fits seem relevant in much the same way, as might also be Bini's (1938) references to the placing of the electrodes.

New techniques, sufficiently developed not to endanger patients who are genuinely willing to co-operate in studies which may not be planned to their immediate advantage (Leys, 1953), such as the technique used by Barlow and Howarth (1953), of course help clinicians to put what were hitherto merely reasonable suppositions upon a firmer basis of fact. The graph for example shows the blood pressure, recorded intra-arterially, during electroplexy under pentothal and curare, a combination of circumstances which had not been reported in the literature prior to this, although clinical experience would have led to the supposition that no great rise in blood pressure was likely to appear since no cardiovascular accidents had occurred in several thousand consecutive treatments by this method. The small rise of blood pressure in the record developing before the clonic phase seems however to require explanation. It may be that it is a phenomenon of autonomic discharge akin to the contraction of the arrectores pilorum seen on occasion in electroplexy under curare towards the end of the clonic phase of a convulsion.



Blood pressure recorded intra-arterially during electroplexy under pentothal and curare.

Such details as those just described indicating possible psychosomatic relationships provide of course only one example of the possibilities of clinical co-operation.

A clerk of 20, but of mature appearance, who had suffered all his life from an enuresis entirely resistant to treatment appears to provide another. A heavy sleeper, on being invesitgated by the genito-urinary department, he was prescribed amphetamine-sulphate without effect. In the psychiatric outpatient department the dosage was increased to 40 mgm. nightly, as recommended by Ström-Olsen (1950), with complete cessation of the enuresis, and without the appearance of insomnia.

This sort of history (Garmany, 1954) seems to confirm that a relationship exists between spinal reflexes and depth of sleep, but as illustrated by certain electromyographic findings, this is not necessarily simply a release from cortical inhibition. The absence of electromyographic activity in somatic muscles in the relaxed but waking state (Joseph and Nightingale, 1952) yet the presence of tendon reflexes appears to require other explanation, especially since the latter disappear in deep sleep. The problem perhaps requires the co-operation of a physiologist. Its solution however might in due course prove to be relatable in some way to Elliott's (1944) concept of the central origin of " fibrositis," as much as to Homburger's explanation adopted by Geyer (1938) to explain his own findings.

Relationship to treatment

The study of pathology inevitably provides the basis for much that is rational in treatment, and the effects of treatment in turn advance concepts originally derived from studies in pathology. Recent additions to our therapeutic armamentarium, provide opportunities for psychopathological advance by reason of the mental phenomena to be observed in their use in some patients, e.g. isoniazid (Hunter, 1952 ; Zabad, 1953), artane (Phillips, Mantuschi and Sharkey, 1950), or antihistamines as in the typist of 25 referred to the psychiatric department for investigation of the possibility that personal problems bore some relationship to her vasomotor rhinitis. She was found eventually to be depressed and tearful only when taking an antihistamine preparation, no other psychiatric accompaniment to her nasal disability being discovered.

Thus the effects that some drugs have which still require explanation may, when this has been found, throw light on psychopathological concepts and then provide the foundations for a new therapeutic approach. As further examples where explanation might prove of value in this way, may be mentioned the predominantly elated mood of the stage of excitement in nitrous oxide anæsthesia suggesting that it might possibly be preferable to other alternatives in aided abreactive techniques, and, in view of earlier reference to Alvarez' work, the results obtained by Barris (1952) with benadryl in the treatment of thalamic syndrome. Such observations as that the libido of a middle-aged woman increased during treatment of a decalcified condition of the skeleton with testosterone, may likewise by elucidating the physiological bases of particular functions eventually help in the treatment of their disorders.

Acknowledgement

I am indebted to Dr. A. Venner for the continuous blood pressure recording, and to Drs. J. H. Baylis and M. G. Thorne for drawing my attention to particular patients in surgical and medical wards.

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GUY'S HOSPITAL STUDENTS' UNION

The Annual General Meeting of the Students' Union will be held
1 p.m.—1.30 p.m.
on
Monday, 7th February, 1955
in
The Physiology Theatre
(By kind permission of Prof. Spurrell)

You are all urged to attend and give *your* Union every encouragement and to find out what it has done in the last year.

GUY'S HOSPITAL PHOTOGRAPHIC SOCIETY

The next meeting will be held in the Anatomy Theatre at 5 p.m. on Monday, 7th February. At this meeting films on art subjects will be shown by courtesy of Dr. R. C. Mac Keith. Mr. J. S. Tomkinson, Miss Sylvia Treadgold and Mr. Alan Parks have been invited and will comment upon these films. Mr. R. S. Lawrie will be in the chair.

The Society offers facilities for the purchase and sale of cameras. Will anyone interested apply to the Society's darkroom in the Medical School basement any Wednesday between 1 and 2 p.m.

OFF THE RECORD

A Physician during a teaching round

Physicians often persuade themselves of what they want to believe . . .

THE CLUBS' UNION BALL

The Fourth annual Dinner and Ball of the Clubs' Union was held at the Park Lane Hotel on the night of Friday, 21st January. This was unquestionably the best of these functions so far and the Secretary and organising committee deserve the greatest possible credit for their work. The guests were received by Mrs. T. L. T. Lewis, wife of the Chairman of the Clubs' Union, together with Mr. Frank Ellis, the Secretary. The Dinner was, as we have come to expect, a model of its sort, and afterwards the floor was soon filled with couples dancing to the spirited music of Mr. Tommy De Rosa's Band. We must congratulate Mr. De Rosa on satisfying every possible taste during the evening. The presence of a piper lent added excitement to the frenzied scenes during the dancing of *Strip The Willow* and an *Eightsome Reel.*

Mrs T. L. T. Lewis with Mr. Frank Ellis received the guests.

To this observer it seemed that there were many more present than on previous occasions and the available space on the ballroom floor was very fully occupied. The festivities went on until 2 a.m.—altogether a most satisfying evening.

It was pleasant to notice the greater support given by members of the senior Staff to this function this year and we look forward to an even larger turn out next year.

Among those who were present we noted Mr. and Mrs. Doherty, Mr. Eckhoff, (Treasurer of the Clubs' Union), and Mrs. Eckhoff, Mr. and Mrs. Batchelor, Mr. and Mrs. Wass, Mr. and Mrs. Glover, Mr. and Mrs. Kilpatrick and Mr. and Mrs. Brain, collectively representing the Surgeons. Dr. Mann represented the Physicians. The Chairman of the Ball, Mr. Lewis and Mrs. Lewis with Mr. and Mrs. Tomkinson represented the Gynæcologists. The Anæsthetists were there in the persons of Dr. and Mrs. Carnegie and Dr. and Mrs. Hutton. Dr. Keith Simpson and his daughters were also most welcome guests. The Anatomy Department were well represented by a cheerful table headed by Dr. and Mrs. Joseph at which we think we saw most of the departmental staff present with wives and fiancées. We were so sorry that so few of our colleagues from the Dental Department were present but Messrs. Emslie and Tulley with their wives were welcome ambassadors. We wish that there were more dental surgeons to be seen on these occasions.

There were many charming guests present who are past or present members of the nursing staff. Foremost of these it was delightful to see Miss Jean Addison, the Matron, who seemed, like all the other celebrities, to find the evening as enjoyable as we did.

Many outside practitioners who are old Guy's men were present and it was largely due to such support from qualified men that the Ball was the financial proposition that it was. Expenses were just covered and we understand that there were 320 people there all told. May we hope that next year will see more support from the pre-clinical and junior clinical students ?

One had nothing but praise for the value which the Clubs' Union gave us for our Three Guineas but there are a few minor suggestions which one would like to make. Firstly, the menu of the dinner has shown little variation over the last few years so that habitués can predict that chicken will follow sole and fruit salad will follow chicken, all admittedly excellent, but one of the desirable elements of this sort of thing is that of surprise. We wonder too whether a somewhat larger ballroom could be considered for future years, as if there are as many more new couples there next year as there were this year, dancing space will be grossly inadequate and even air will be at a premium.

Mr. and Mrs. J. S. Batchelor *Dr. and Mrs. David Reinhardt from America*

We have heard some disquieting rumours that the dinner is the subject of some debate by the Clubs' Union and it is understood that some people are considering whether it should be abandoned and that horror of horrors, a buffet supper substituted. There are many who think as we do that the dinner sets the comforting pace for a most splendid evening. One last suggestion we have for the organizers' consideration is that 2 a.m. is too early a finish for such a good evening as this occurring as it does only once a year. We know that there are many who would support a 4 a.m. finish after bacon and egg breakfast.

Well done the Clubs' Union. Next January will be eagerly awaited by many who were at this year's Ball.

Dr. and Mrs. Derrick Dodshon and their party made a merry group.

CORRESPONDENCE

Letters to the Editor of the Gazette

A Living Language

SIR,—Your most useful paragraph in the last *Passim* has prompted me to call in question the composition of a word one sees occasionally, namely "denigrate", and its subordinates. I take it the word is used to describe an instance of blackening or besmearing something. But surely the use of the prefix "de-" should be entirely in the opposite direction. We have "de-odorize", "de-control", "de-face", "de-fame", in each case the "de-" signifies the removal of something, the very reverse of what is meant by the fabricated "denigrate". And yet I have so far never met any protest against the use of this word. One realizes that a living language, and one employed in the expression of developing sciences must expand, but there is no need to violate its basic laws.

Yours etc.,
M. ASTON KEY.

Southsea.

Constipation in Infancy and Childhood

SIR,—Dr. Mac Keith's lecture deals principally of course with children, but some of his remarks seem to be of a general nature.

I can well remember one of my teachers referring with an air of some disdain to the constipated in general and adding : "All they need is a little marmalade for breakfast". Some years later this somewhat donnish remark made me realise how much out of touch he really was with the constipated world outside the Hospital gates. How much does anyone, however eminent, really know about the cause of constipation, i.e., the common or garden constipation that one is so often up against in practice? The multifarious remedies which are always coming out suggest that nothing is really known. What do we really know about the part played by Auerbach's plexus in this connection or the gastro-colic reflex which for some reason or another gets blunted as the years pass. What exactly is the mechanism of the gastro-colic reflex anyway?

In his book on constipation, the late Sir Arthur Hurst tried to prove that constipation didn't really matter and cited the case of an individual whose bowels weren't moved for nine months. He also carried out experiments, one of which was to stuff the rectum with cotton wool to prove that the subjective symptoms due to constipation were really only subjective symptoms and were largely imaginary.

Robert Hutchison in one of his books says laconically : "What harm is there, anyway, in taking a dose of cascara every night", and I read somewhere the other day that there must be few people over middle age who don't take some aperient every day. In spite of Hurst and Mac Keith, I cannot help thinking that the Englishman's passion for "inner cleanliness" is the proper attitude to the question. To the fastidious the constipation which, for many, ensues almost immediately on a change of food or routine, and particularly when on holiday on the continent, is enough to spoil the holiday. Some people find it difficult to remember that the bowels were made for man and not man for his bowels, and, though they may agree wholeheartedly with Dr. Mac Keith's final paragraphs, they cannot carry it out. "The world is so full of a number of other interesting things that it is a pity that people should spend an excessive amount of time, money and interest on how and what they are excreting."

Yours etc.,
G. E. DAVIES.

Missenden Lodge,
Withdean Avenue,
Dyke Road Avenue, Brighton, 5.

Drinking Straws

SIR,—I was interested to see the glass drinking straw referred to by Mr. Peter Cook. By no means original, a useful alternative, and unbreakable, is polythene tubing.

Yours etc.,
MICHAEL C. JOSEPH.

Guy's Hospital,
London, S.E.1.

Boxing Championships

SIR,—I should like to draw the attention of everyone who reads this *Gazette* and, in particular, those who are interested in Amateur Boxing, to the Inter-Hospitals' Championships organised by this Club, which are to be held on the 15th February next at Seymour Hall, W.1 at 7.30 p.m.

Such a tournament as this, is without doubt, the highlight of Hospital Boxing with contestants in each of the ten weights and an entry of 48 boxers representing teams from five London Teaching Hospitals, namely Barts., St. Thomas's, St. Mary's, The London and Guy's. In addition to the Championships special bouts have been arranged between amateur boxers of international fame to support the evening's entertainment.

We are returning this year to Seymour Hall and the costs of such a programme are steadily rising year by year, and unless we get the necessary support from all the hospitals concerned we shall find it difficult to hold these matches on such a grand scale in future years. May I therefore ask everyone who is interested in sport to make every endeavour to come along on the 15th and support the United Hospitals and its efforts to provide an interesting evening.

Yours etc.,

E. T. LOOMES,
Hon. Sec., U.H.A.B.C.

Counting House, Guy's Hospital.

REVIEWS

An Outline of Developmental Physiology. By CHR. P. RAVEN. Translated by L. DE RUITER. New York : McGraw-Hill Book Co. Inc., London : Pergamon Press Ltd. 1954, pp. 216, 64 figs. *Price* 44*s*.

This very readable translation of Professor Raven's concise and informative account of the field of experimentsl embryology will be a boon to anyone wishing to know something of the growth of this subject during the last fifty years. The book will be specially valuable to Honours Zoology students and to any research worker entering the field of micro-chemistry and micro-surgery for the first time.

The author has thoughtfully provided a glossary and there is a good list of references to key works and important papers.

The work is well illustrated and documented and is to be thoroughly recommended. It is more the pity therefore that the price will probably put it out of reach of many a private pocket in this country.

E.W.B.

Introduction to Pharmacy. By H. H. BURLAGE, J. B. BURT, C. O. LEE and L. W. RISING. 3rd Edition, 1954. McGraw-Hill Book Company Inc. *Price* 16*s*.

This is the third edition of an apparently popular guide to "introductory pharmacy" which has been thoroughly revised to meet the changes in the U.S. Pharmacopœa XIV and the National Formulary IX.

For the British pharmacy student it is, for obvious reasons, of limited value although it gives a comprehensive outline of the theory of pharmacy. For a text book rather undue space is devoted to such aspects as the "Ethical Principles for the Practice of the Profession of Pharmacy", the pharmaceutical curriculum, branches of, and opportunities in Pharmacy.

Nevertheless it is well written and gives an interesting and comprehensive picture of the professional and commercial aspects, requirements and opportunities of pharmacy as practised in the United States. J.M.

A DIABETIC CHOCOLATE

Through the kindness of the makers we are able to taste the Bensdorp Diabetic Chocolate flavoured Bar. This joins the ranks of the sweetened aids to the diabetic existence and is eminently palatable. It is designed especially for use in conjunction with a restricted carbohydrate diet. The bar is sweetened with Mannitol, has no salt added and is of a satisfactory consistency. Further information and supplies may be obtained from the sole distributor : F. H. Wright, 47, Southwark Street, London, S.E.1.

GUY'S HOSPITAL DENTAL SCHOOL

ANNUAL CLINICAL MEETING

PROGRAMME - - 5TH MARCH, 1955

Morning Session (10 a.m.—12 noon)

PHYSIOLOGY LECTURE THEATRE, MEDICAL SCHOOL	
12 noon. "Antiseptics and Antibiotics"	Professor A. B. Macgregor
THEATRE NO. 3	
10 a.m. The Removal of a horizontally impacted Wisdom Tooth	Mr. R. O. Holland
Anæsthetist:	Dr. A. M. Hutton
11 a.m. External Approach to the Mandible	Mr. S. H. Wass
Anæsthetist:	Dr. P. J. Helliwell
THEATRE NO. 4	
10 a.m. An Epithelial Inlay	Mr. D. M. Macdonald
Anæsthetist:	
11 a.m. Reduction of prognathism by Kostecka's Operation	Mr. Patrick Clarkson and Mr. J. W. Mansie
Anæsthetist:	Dr. D. M. Carnegie
THEATRE NO. 5	
10 a.m. Abbé Operation	Mr. N. L. Eckhoff
Anæsthetist:	Dr. W. S. McConnell
CLINICAL THEATRE	
11.30 a.m. Minor Oral Surgery under short Anæsthesia	Mr. A. R. Thompson
Anæsthetist:	Dr. W. S. McConnell
DENTAL DEPARTMENT	
Ground Floor	
X-Ray Department	
Radiographs	Dr. F. L. Ingram
Department of Preventive Dentistry	
Bacteriological Exhibits	Mr. A. Bulleid and Mr. C. W. T. Shuttleworth
Clinical Cases treated in the Department Temporary Splinting with stainless steel wire Table Demonstrations:— Penicillin injections in the dental surgery Vincent's Disease	Mr. R. D. Emslie Mr. R. W. Willcocks Mr. R. J. G. Day Mr. E. G. Searle
Casualty Department	
Analysis of one month's work in the Casualty Department	Mr. D. C. A. Picton
First Floor	
Department of Dental Prosthetics	
Clinical Cases	Professor H. R. Fenn
Alveolectomy	Mr. M. Malleson
Palateless full upper dentures	Mr. P. B. Morris
Posterior tooth form in relation to masticatory efficiency	Mr. D. J. Neill
Exhibition of Students' work	
Histology Laboratory	
Use of colour Photography in the teaching of Histology	Mr. Dudley in the Histology Laboratory
Department of Dental Medicine	
Demonstration in Oral Pathology	Mr. B. E. D. Cooke
The measurement of Parotid Gland function in man	Mr. A. C. Kerr
Dental Photographic Department	
Exhibition of Colour Transparencies and Monochrome Prints of Clinical and Technical interest	Mr. A. D. Robinson and Miss B. Whiteley, Photographer
Second Floor	
Professor's Room	
Operative Dental Surgery	Professor W. E. Herbert
Conservation Room	
Abutments and bridge design	Mr. W. A. Vale (in his room)
Simple method of vacuum investing	In Mr. Vale's Laboratory
Studies in chewing	Dr. D. J. Anderson and Mr. D. C. A. Picton
Differential Diagnosis of pain	Mr. S. P. Johns
Further results of root canal treatment using resorbable paste	Mr. A. H. R. Rowe and Mr. R. E. Feaver
Technique and instrumentation in root canal treatment	Mr. J. D. Haworth and Mr. P. T. Grimer
Elastic impressions for inlay and bridge work	Mr. D. R. Whittington and Mr. R. C. Bret-Day
The use and misuse of Amalgam restorations	Mr. D. London and Mr. C. D. Henry
Conservative treatment of the exposed vital pulp	Mr. G. F. Dyer
The interpretation of radiographs of the Mandibular Third Molar Region	Mr. E. McK. Sycamore
Exhibition of Students' work	

Children's Department

Representative removable appliances	Mr. R. E. Rix
Abnormalities in the deciduous dentition	Mr. H. Richards
Some aspects of Orthodontic Research	Mr. W. J. Tulley
Early treatment	Mr. A. C. Campbell
Motion Picture studies of Oro-facial muscular behaviour of significance in Orthodontics	Mr. E. Gwynne Evans
A fixed device for space maintenance	Mr. G. A. Kerr

Afternoon Session (2 p.m.—4 p.m.)

DENTAL LECTURE THEATRE

3 p.m. Projection of colour transparencies of recent cases	Mr. B. E. D. Cooke

THEATRE NO. 3

2.30 p.m. An Operation	Mr. K. Hooper
Anæsthetist:	Dr. A. W. Hind

THEATRE NO. 4

2.30 p.m. An Operation	Mr. J. W. Mansie
Anæsthetist:	Dr. D. M. Carnegie

DENTAL DEPARTMENT

Ground Floor

X-Ray Department

Radiographs	Dr. F. L. Ingram

Department of Preventive Dentistry

Bacteriological Exhibits	Mr. A. Bulleid and Mr. C. W. T. Shuttleworth
Clinical Cases treated in the Department Flap operation Table demonstrations:— Penicillin injections in the dental surgery Vincent's disease	Mr. R. D. Emslie Mr. R. W. Willcocks Mr. R. J. G. Day Mr. E. G. Searle

Casualty Department

Analysis of one month's work in the Casualty Department	Mr. V. G. Rice

First Floor

Department of Dental Prosthetics

Clinical Cases	Professor H. R. Fenn
Table Demonstration:—	
Surgical preparation of the mouth for dentures	Mr. R. D. Gain
Immediate dentures	Mr. D. K. Hardy
Electrolytic polishing	Mr. J. M. Scoones
Exhibition of Students' work	

Histology Laboratory

Use of colour photography in the teaching of Histology	Mr. Dudley in the Histology Laboratory

Department of Dental Medicine

Demonstration in Oral Pathology	Mr. B. E. D. Cooke

Dental Photographic Department

Exhibition of colour transparencies and monochrome prints of clinical and technical interest	Mr. A. D. Robinson and Miss B. Whiteley, Photographer

Second Floor

Clinical Cases will be shown by members of the Dental and Surgical Staff.

Clinical Cases of dental interest will also be shown by Dr. L. Forman, Physician in charge of the Skin Department and Dr. E. J. Moynahan, Assistant Physician to the Skin Department.

Clinical Room I

Clinical Cases

Clinical Room II

Apicectomy	Mr. C. I. Hagger

Professor's Room

Clinical Cases	Professor W. E. Herbert

Conservation Room

Abutments and bridge design	Mr. W. A. Vale (in his room)
Simple method of vacuum investing	In Mr. Vale's Laboratory
Gold Inlays	Mr. A. D. Robinson
Studies in chewing	Dr. D. J. Anderson and Mr. D. C. A. Picton
Table Demonstration:—	
Large anterior fixed bridge using hydrocolloid and the new rubber base impression paste	Mr. A. R. Thompson
Further results of root canal treatment using resorbable paste	Mr. A. H. R. Rowe and Mr. R. E. Feaver
Technique and instrumentation in root canal treatment	Mr. J. D. Haworth and Mr. P. T. Grimer
Elastic impressions for inlay and bridge work	Mr. D. R. Whittington and Mr. R. C. Bret-Day
The use and misuse of Amalgam restorations	Mr. D. London and Mr. C. D. Henry
The effect of various substances on acrylic resin and silicate cement restorations	Miss I. M. Thompson
The interpretation of radiographs of the Mandibular Third Molar Region	Mr. E. McK. Sycamore
Exhibition of Students' work	

Children's Department

The late results of Orthodontic treatment	Mr. K. E. Pringle
Some aspects of Orthodontic research	Mr. W. J. Tulley
The lip factor in cleft palate deformity	Mr. M. A. Kettle

Tea will be served on the First Floor of the Dental Department at 3.30 *p.m.*

SPORT

BOAT CLUB

Once upon a time, in 1847 to be precise, Guy's was challenged by Bart's to a race in fours over a course from Putney to Chiswick Eyot. The records of The St. Bartholomew's Hospital Journal recall the event as being "quite an occasion, with the bank thronged with spectators including medical men, and the river full of craft, mostly cutters from the existing clubs including Leander and the Guards, who had come to watch the race". Guy's having gained a lead of five lengths met with disaster when one of our oarsmen broke his thoul. Result—Bart's won by a half a length. In 1871 Guy's raced Bart's in eights and won by ½ length.

These early events marked the beginning of inter-hospital rowing events and not until 1885 when the United Hospitals Rowing Club was formed did hospital rowing become properly established.

It is in this spirit of the 1847 race that Guy's have challenged Bart's to a race over a course of 1 mile at Putney on the afternoon of Wednesday, 23rd February to be rowed in eights. Support will be very welcome. In the evening a dinner will be held at London Rowing Club; all past and present members are cordially invited. Please consult the Clubs' Union notice board for details.

GUY'S HOSPITAL MOTORING CLUB

The next meeting of this club will be held on Tuesday, 15th February at 5.30 p.m. in the Dental Theatre when J. M. Hawthorn will give a talk and answer questions relating to his experiences in motor racing.

On Saturday, 19th February, the club will be holding a night navigation event. This will start from the Hospital car park at 5.15 p.m. and will finish at the "Buck's Head", Godden Green, near Sevenoaks. Competitors will require a copy of 1″ O.S. map of S.E. London and the usual navigation instruments.

Entries must be received by the 12th February and they are 5s. per vehicle.

J. B. GRAY,
(*Hon. Sec.*).

HOCKEY

Guy's 1st XI *v.* Blackheath 2nd XI

Saturday, 29th January
H.O.P. Won 9-1

This was an overwhelming win for Guy's against a team who provided slightly more than token resistance.

Our forwards had a field day in preparation for the next cup match and were decisive in their attacks.

The defence was not pressed greatly, and being drawn up into attack, Blackheath broke through once to score shortly before full time.

Scorers: Millar 5, Laney, Cooke, Hall, Morgan.

Team: N. Clark; H. M. Tuddenham, D. R. Laney; R. Elsdon-Dew, W. R. Knapman, M. B. Mackenzie; J. J. Hall, M. N. Morgan, J. I. Millar, M. F. Willis, N. R. Cooke.

Guy's 2nd XI *v.* Blackheath 3rd XI

Away. Won 7-1

HOSPITAL INFORMATION

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates

6s. per line. Box Numbers 9d. extra.

SUNNY SPAIN. Come and enjoy the delights of fiesta atmosphere at **Hotel Adriano** at **Lloret de Mar** on the beautiful Costa Brava. Our enthusiastic staff are eager to give you a warm welcome and first class service. English and Spanish cuisine. All modern facilities. Resident English hostess.

Gay and enchanting **Lloret** with its abundant sunshine offers you all you desire for the perfect holiday at all times of the year. Springtime is especially beautiful.

Terms from 18s. 6d. per day. Write for Brochure to A. Hayes, 60, The Upper Drive, Hove. Phone 58423 or direct to the hotel.

IF you care to join a Party conducted by Dr. Fothergill (Cambridge and Guy's) April 12—27 (after Easter) to Baveno, Verona, Venice, Ravenna, Florence (excursion to Rome or Assisi), Pisa, etc. *OR* a Summer Party to either France, Switzerland, Austria or Italy, write "Hensol," Chorley Wood, Herts.

For Sale

EXORS. SALE. Dentist's House and Surgery. Chiswick, London. Practice est. many years. Well equipped mod. surgery and 6 rooms K & B. Garage. Freehold Price £3,750 subject to contract. RONALD COLEMAN. 12 St. George St., W.1 (MAYfair 2517).

MODERN second-hand dental chair with spittoon, cabinet and unit, wastebin, sterilizer, stool, Ivory tan. £240 or separately. Box No. 83.

Wanted

BRITISH JOURNAL of SURGERY spare copies for July and October, 1948, April, 1949 and July, 1952. C. R. Neve, Shortwood, Winscombe, Som.

SECOND-HAND Medicine bag for one about to set up in practice. Pound Hill, Sussex 2301.

SUSSEX near coast. Young and energetic partnership (all Guy's) requires assistant with view for pleasant expanding dental practice in Market Town. Modern equipment. Accommodation easily obtained. Please write full particulars to Box No. 84.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PASS LIST

UNIVERSITY OF LONDON

December, 1954
Ph.D.
D. J. Anderson

January, 1955
D.Sc.
L. C. Thomson

M.S.
P. B. Counsell

ROYAL COLLEGE OF SURGEONS OF ENGLAND

D.A.

June E. Brett
P. R. Clark
J. A. M. Martin

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination

January, 1955

Pathology

F. K. Amarquaye
J. R. Batchelor
Audrey J. Belsham
J. R. F. Boger
J. M. Clark
D. A. Earnshaw
J. F. Garner
L. W. Kay
Moira A. McLellan
A. M. Marcus
C. M. Montegriffo
E. D. A. Orsmond
C. J. Wallace

Medicine

J. L. Croft
*G. H. Daw
N. D. Gripper
G. I. Horsfield
J. D. Miller
*G. G. Temple

Surgery

*G. C. W. Baker
Joan W. Baker
*Margaret A. Barrie
*P. S. Boulter
J. D. Broome
*Elizabeth A. Burns
Gillian M. Cann
*D. J. Davies
*J. G. Davies
*G. H. Daw
J. D. Ellis
*L. W. S. Eyears
J. S. B. Meyer
*Jane Platnauer
*D. J. Sills
*G. G. Temple
*Ailsa M. Thurgar
*M. D. A. Vickers

Midwifery

J. R. Batchelor
*D. J. Davies
H. T. Davies
J. M. P. Davies
W. R. O. Egginton
*L. W. S. Eyears
Verna P. Firth
M. C. Gie
N. W. Glendinning
G. C. Gould
R. I. Henry
J. G. J. Howell
I. D. Hudson
Moira A. McLennan
B. S. Merry
R. C. Morgan
E. D. A. Orsmond
*G. G. Temple
K. E. Thomas
K. Wilderspin
T. M. Winstanley

* Have completed the examination.

NURSING NEWS

29th December, 1954 *to 11th January*, 1955

Entered	*Left*
S/N M. E. Harper	S/M J. Boyce
S/N E. Jackson	S/N J. Greenwood
S/N N. Bell	Sister E. Wall
S/N E. M. Hodgson	
S/N Whaley	
Male S/N S. Collins	
S/N P. Tobin	

S/N E. Burton *appointed* Sister *Ruth* Ward.
Sister P. Clerk }
Sister D. Henderson } Evelina.

12th January, 1955 *to 25th January*, 1955

Entered	*Left*
S/N A. Purdie	S/N J. Otterway
S/N M. Whithorn	S/N Q. Dally Evelina Hospital
S/N M. Stoddart	S/N P. Judd
	S/N M. Good
	Sister Cross

S/N B. Cromwell-Wood *appointed* Sister at Evelina Hospital

PAPERS BY GUY'S MEN

Cook, P. and another. A Case of Human Anthrax. *Brit. med. J.* 1954, i, 87.

Grewcock, Ronald J. G. Oral Rehabilitation. *Brit. dent. J.* 1954, **98**, 41.

Harris, T. A. B. A Barbiturate Antagonist. *Lancet* 1955, i, 181.

McKeown, Thomas. A Note on Menstruation and Conception during Lactation. *J. Obstet. Gynaec. Brit. Emp.* 1954, **61**, 824.

Ogilvie, Sir Heneage. Thomas's Sign, or the Silver Stool in Cancer of the Ampulla of Vater. *Brit. med. J.*, 1955, i, 208.

CHANGES OF ADDRESS

D. F. V. Brunsdon, M.B., B.S., c/o Dept. of Pathology, Victoria Public Hospital, Fredericton, New Brunswick, Canada.

T. M. L. Price, M.D., M.R.C.P., 146 Harley St., W.1 (Tel.: WELbeck 2378).

P. F. Stebbing, L.M.S.S.A., 16 Edge Hill Court, Edge Hill, Wimblecon, S.W.19.

Erratum

John G. Dixon, L.D.S.R.C.S. (published as A. J. D. Gibbings, L.D.S.R.C.S.) from Westwood, Southbourne Rd., Bournemouth to Anlaby House, Baker Avenue, Salisbury, S. Rhodesia. (1st February, 1955).

A. J. D. Gibbings, L.D.S. R.C.S. *Remains* Westwood, 120 Southbourne, Rd., Bournemouth.

BIRTHS

PENTNEY.—On 28th January, 1955, at Nuffield House, Guy's Hospital, to Joy, wife of B. H. Pentney, M.R.C.S., L.R.C.P., a daughter.

PHILLIPS.—On 29th November, 1954, at the East Glamorgan Hospital, Church Village, Nr. Pontypridd, to Pearl, wife of Alan H. Phillips, M.B., B.S., a daughter (Kathryn Francesca), a sister for Martin.

SUTTON.—On 15th January, 1955, at Goff's Park Nursing Home, Crawley, to Anne (née Edelsten), wife of Paul S. Sutton, L.D.S. R.C.S., a daughter (Rosemary Anne).

VANS AGNEW.—On 20th January, 1955, at Farnborough Hospital, Kent, to Peggy (née Davies), wife of W. Vans Agnew, M.A., M.B., B.Chir., a daughter (Sarah).

MARRIAGES

STEBBING—ASHURST.—On 8th December, 1954 at Wigan, Peter French Stebbing to Elizabeth Doreen Ashurst.

WOOD—COSTELLO.—On 22nd January, 1955, at Newcastle, Staffs., John R. Wood, M.R.C.S., L.R.C.P., to Anne de L. Costello, S.R.N.

DEATHS

BRADBURY.—On 13th January, 1955, John Cecil Openshaw Bradbury, M.R.C.S., L.R.C.P., of Smeeth Cottage, Smeeth, Nr. Ashford, aged 81 years.

GILES.—On 14th January, 1955, Walter Giles, L.D.S.R.C.S., of Cheriton Rd., Folkestone.

LEEMING.—On 9th January, 1955, Arnold Leeming, M.B., B.S., F.R.C.S., died peacefully at 2 The Quadrant, Westbury Park, Bristol, aged 73.

MALCOMSON.—Suddenly on 24th January, 1955, Greer Edmund Malcomson, M.D., M.R.C.P., D.P.H., Col., I.M.S. (Retired), of 20 Abbey Road, St. John's Wood, London, N.W.8, aged 76.

WHILLIS.—On 27th January, 1955, in Nuffield House, Professor James Whillis, M.D., M.S., F.R.C.S., of St. Denis, Seal, Kent. Memorial Service, Guy's Hospital Chapel. Tuesday, 8th February, 1955, at 1.45 p.m.

Eds. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1737 19th February 1955 One Shilling

PASSIM

ON THE 8th February, the Hospital Chapel was filled to overflowing with a great company drawn from all parts of the Hospital and Medical School to pay a last tribute to Professor Whillis whose death we announced in our issue of 5th February.

The Memorial Service was perhaps the more moving because so many assembled there had, it seemed only a few weeks before, been in close contact with him. Professor Spurrell's reading of the well-known passage from *Corinthians* Chapter 13, "Though I speak with the tongues of men and of angels . . ." will long be remembered by all those who were present that day. It was a memorable tribute to a colleague and friend.

On page 64 we publish an obituary.

Dr. J. C. Houston has taken over the duties of Sub-Dean of the Medical School which have been carried out so successfully by Dr. Charles Baker. We wish him all sub-decanal happiness.

We discard our usual editorial anonymity to congratulate most warmly our Assistant Editor, Dr. P. S. Boulter, on being awarded the Handcock Prize of the Royal College of Surgeons in the qualifying examination in Surgery last month. This success follows immediately on that of Dr. G. S. Rawson whom we lately congratulated on the award of the Begley Prize for Surgery by the Royal College at a similar examination in September. These two successive prizes, gained in open competition, are a source of much satisfaction to us all, and reflect great credit on the two prize winners, not to mention the Department of Surgery at Guy's.

We congratulate Miss Joy Purser on her appointment as Medical Officer to the South Pacific Health Service. She will be stationed at Fiji. This must surely be the most adventurous appointment so far taken up by any medical woman from Guy's. Miss Purser, who is at present Neurological House Physician at Guy's, leaves early in March to take up her new post. Her many friends at Guy's will wish her a comfortable journey and a happy tour of duty.

A correspondent on page 81 has voiced an opinion which is shared by very many people in the Hospital. Ward-rounds are surely intended for the firms of the consultants or registrars. However, such is the excellence of so much of our teaching that many other students, both undergraduate and postgraduate, come to these rounds and, very properly, are made welcome.

They should, however, be aware that a palisade of postgraduates interposed between teacher and student is enough to ruin the value of the round for the latter.

In several wards some interesting new bed tables have now been provided. These are made with a light tubular framework mounted on rubber covered swivel wheels. They are adjustable for height, and being painted in a light silver grey make an acceptable addition to the ward furnishings. Certainly the old wooden tables needed replacement. They had supported many a generation of consultants and registrars, though lately the records of collapses or lost wheels had become more frequent. An interesting feature of the design is seen in the set screws which are provided on the bogies so that the wheels may be locked. This little device will be of value when the patient leans forward on the table as, for example, for a pleural tap. The table then cannot be pushed forward.

Each bed table is the gift of the Guild of Ex-Patients and Friends of Guy's Hospital and is suitably marked. We know that they are greatly appreciated by the patients and nursing staff.

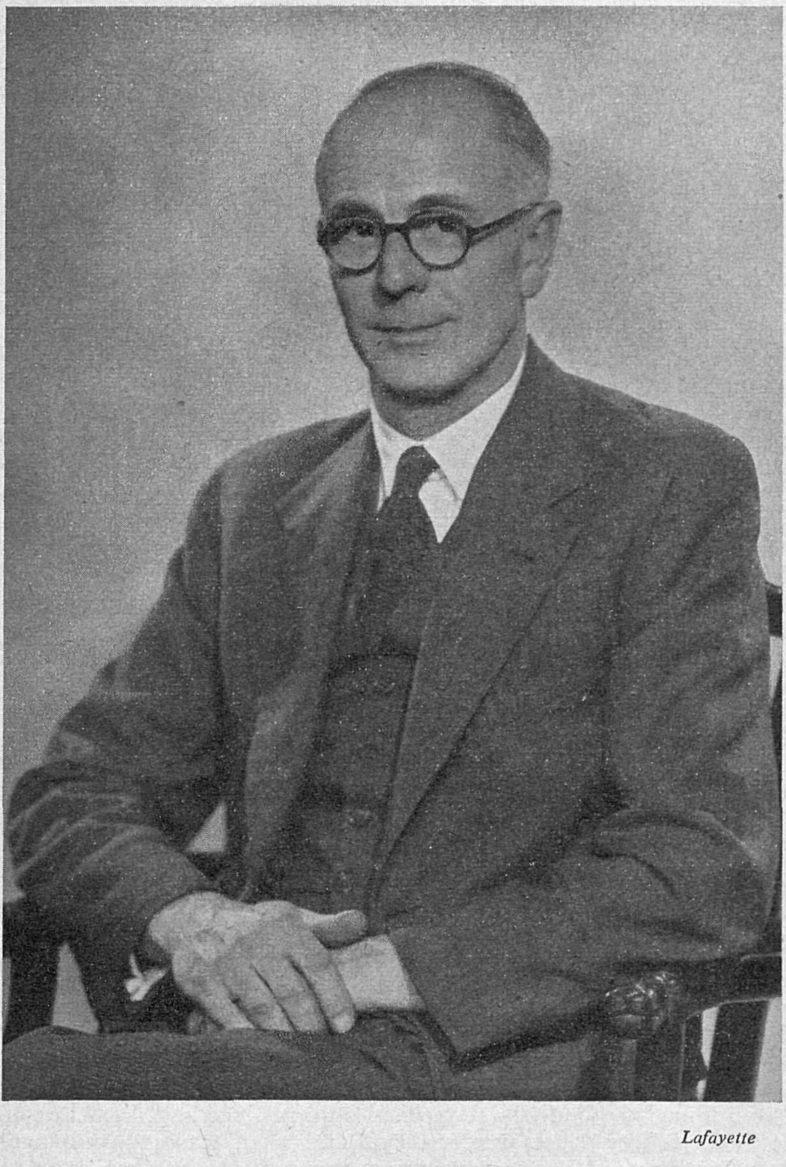
We are able to deny a rumour that the workmen lately seen excavating a hole beside Thomas Guy's statue were making a deliberate attempt to carry it away. We are happy to say that it still stands where it was placed in 1731, serene and unmoved.

GUY'S DIARY

FEBRUARY			Exhibition. Department of Surgery. *Varicose Veins.*
21st	M	1.00	Dr. W. S. McConnell. Clinical Lecture. *Old Thoughts on New Anæsthetics.*
22nd	T	1.00	Mr. Philip Reading. Clinical Lecture. *The Surgical Relief of Deafness.*
		1.00	Prof. W. E. Herbert. Dental Clinical Lecture. *Discoloration of Teeth.*
22nd/25th		8.00	Residents' Play.
24th	Th	5.00	X-ray Meeting. Gordon Museum.
25th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
		1.00	Mr. F. S. Warner. Dental Clinical Lecture. *Oro-Antral Fistula.*
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* Exeter (Exeter).
			England *v.* France (Twickenham).
28th	M	1.00	Mr. Patrick Clarkson. Clinical Lecture. *Early Care of Major Injuries of the Face.*
MARCH			Exhibition. Department of Surgery. *Osteomyelitis.*
3rd	Th	5.00	X-ray Meeting. Gordon Museum.
4th	F	2.15	Combined Round. Pre-clinical Classroom.
5th	S		Rugby 1st XV *v.* Nuneaton (H.O.P.).
7th	M	1.00	Mr. Frank Law. Clinical Lecture. *Facial Asymmetry.*

THE THIRTY CLUB

The twenty-sixth dinner of the Thirty Club will be held on Friday, 13th May, with Mr. Gayer Morgan in the chair. Members will receive details later but are asked to make a note of the date.



Lafayette

JAMES WHILLIS, M.D., M.S., F.R.C.S.

Professor of Anatomy in the University of London
at Guy's Hospital Medical School.

OBITUARY

JAMES WHILLIS, M.D., M.S., F.R.C.S.

PROFESSOR James Whillis was born in Newcastle-upon-Tyne on 8th September, 1900. He was educated at Carlisle Grammar School and Durham University where he qualified M.B., B.S., in 1922. He proceeded to his M.S. in 1925, M.D. in 1930 and his F.R.C.S., in 1932.

At an early date in his medical training Whillis developed an interest in Anatomy and this lead to his appointment as a Demonstrator when he qualified in 1922. From that date onwards the whole of his career lay within that subject. From 1922-35 he was Demonstrator—Lecturer in Anatomy in the University of Durham. In 1935 he was appointed Reader in Anatomy at Guy's Hospital Medical School. He succeeded to the chair in 1948, which position he occupied up to the time of his death.

Whillis was an anatomist who rejoiced in the application of his subject to medicine. Brought up in the strong surgical tradition of Rutherford Morison he was always ready to discuss problems with his surgical colleagues and could offer sound advice where appropriate. His great interest was in the anatomy of movement: all his original work lay in this field while physiotherapy and rehabilitation gave him ample opportunities for its application. He was essentially a teacher, being blessed with a clarity of expression both verbal and visual—all his students will remember his beautiful drawings and his expert knowledge of methods of reproduction enabled him to employ photography and cinematography with good effect. He wrote and collaborated in the writing of several text books, each of which bears the stamp of his talent for clear presentation and effective illustration.

He was a very practical man and whatever he undertook he carried through with an attention to detail that ensured a sound conclusion. When consulted or when speaking at a meeting his remarks were always constructive and to the point. His father was an engineer and he inherited from him a precision of action which disciplined his words and deeds. This was apparent in the organisation of his own department of Anatomy and of the department of Medical Illustration for the creation and development of which he was largely responsible.

Perhaps the greatest task that he undertook for Guy's was during the period of evacuation of the pre-clinical school to Tunbridge Wells. At the outbreak of the war he threw himself heart and soul into the complex detail of creating a school for the teaching, housing, feeding and training of hundreds of medical students, starting from literally nothing. Empty houses were surveyed and taken, teaching equipment, domestic fittings, furniture, bedding and a host of other domestic details were purchased and installed. Food officers, coal officers, billeting officers and innumerable other officials were interviewed and placated. In six short weeks all was ready and the school ran for four years without a break in its programme. During these years Whillis lived in one of the hostels with the students and so had very little freedom from the stresses and strains that were inevitable in such improvised surroundings. All this placed a tremendous strain upon him and took toll of his not unlimited strength.

After the war and with improvements in the staffing and equipment of departments Whillis felt freer to indulge in outside activities. His dual interests in surgery and the anatomy of movement brought him in close contact with problems of physiotherapy and rehabilitation. In 1950 he became Chairman of the Council of the Chartered Society of Physiotherapists and for four years worked very hard in this office during the preparation of the Cope Report. In 1953 he was Chairman of the Inaugural Congress of World Confederation for Physical Therapy. He spent much time visiting and inspecting speech therapy and rehabilitation units: here his advice was always thoroughly practical and reasonable so that his visits were much welcomed by the staff concerned.

So much for Whillis the anatomist; but what should be said of the man? As a colleague he was delightful: sturdy of speech and with a well-informed mind he made a pleasant companion for leisure moments. He was fond of music, loved beautiful things, had a sound knowledge of old furniture and played a good game of golf. In his students he inspired a mixture of respect and affection which rested on his sympathetic understanding of their difficulties and his impartial attitude towards their behaviour. He was very mindful of the position of members of his staff, being concerned with their academic or domestic anxieties and active in the protection of his juniors. To his colleagues he was a good friend, not given overmuch to speech but capable of cut and thrust when necessary, conservative in outlook but tolerant of more progressive views, a good mixer.

He came to Guy's from his northern home, bringing something of its robust forthrightness to his new surroundings. He became one of the Guy's family and absorbed her traditions of wisdom and good fellowship. In his early death Guy's has lost one of the most faithful of her adopted children. To his wife and son, to whom remains a proud memory, Guy's sends her message of sympathy and grateful thanks for a life well spent.

W.R.S.

D.H.F. writes :

The death of Professor Whillis will be a bitter blow to all who knew him. Professionally and socially he was a greatly respected man whose talents were legion and whose integrity was unassailable.

During the recent war, when the pre-clinical years were evacuated to Tunbridge Wells, he was the warden of Hurstmead, one of the student hostels. This meagre tribute is written on behalf of all those who lived under his care in that house. Dr. and Mrs. Whillis made the most delightful of foster-parents, for such really became their rôle. Their task was not easy and entailed great personal sacrifice, foregoing, as they did, many of their own real house comforts.

Jim, as he was known, surreptitiously perhaps but with no trace of disrespect, was loved and admired by all his family of students. He could be, at times, a stern disciplinarian and to cross his path with some breach of hostel discipline was an experience not to be forgotten.

Yet all of us knew and appreciated that he never, at any time, bore malice and what had been a roar of thunder at night became the most delightfully disarming smile in the morning. His sense of humour was irrepressible and his laughter a joy to hear. He entered wholeheartedly into every aspect of our life in the Wells, showing a genuine interest in us all and offering gladly his sound advice on personal and academic problems.

I do not know how many enjoyed his hospitality during those years but all of us, I am certain, feel a deep and sincere loss at the passing of a fine teacher and, above all, a kind and noble friend.

To Mrs. Whillis and Tony, their son, we extend our profound sympathy in their bereavement.

E.G.S. writes :

In the passing of Professor Whillis Guy's has lost a great teacher as well as a wise councellor, but we are all the better people for having known such a noble character.

The Technicians have lost a man who had their welfare and support always at heart.

For 17 years I have had the privilege of knowing and working under Professor Whillis, and the trying days of the war-time evacuation to Tunbridge Wells brought out the spirit and co-operation in him that we all knew we could rely on so much.

Guy's and everyone who was associated with him will be the poorer for his passing.

A Houseman writes :

Those of us who were students of Professor Whillis remember him best for the wonderful clarity of his teaching. In the dissecting room he would sit down among a group of us and with a few deft strokes (I always used to think of the surgeon in him at these times) demonstrate a nerve or vessel to perfection. Then, reaching into his pocket for a hooked probe, he would run it up and down the dissection, lifting a feature here or there while explaining its relationship to the limb and whole body.

As a lecturer he excelled. His voice was stridently clear and penetrated to the ends of the hall. His words could be heard distinctly even outside when the doors were closed.

One day in a revision lecture he talked of the structures in the neck. Drawing on the blackboard with confident strokes he mapped out the main features around the mastoid process and the parotid gland. Nerves, muscles and vessels were all differently coloured. Then, leaving a gap, he started again in the supraclavicular region and the posterior triangle. Talking easily of his subject he proceeded almost nonchalantly to fill in each structure until the two halves, upper and lower, were perfectly joined without erasure of line or amendment of form. This *tour de force* provoked more applause than I have ever heard at a lecture on anatomy.

At the end of the 2nd M.B. course he would give a word of advice—that we were going to be real doctors and not those who walked about ostensibly, with puzzled air and stethoscope around neck for all to see : that from now onwards the patient came first.

He was kindness itself to students. Many of us remember his striking contributions to *Pulse*, the wall magazine in the Medical School to which he gave several beautifully annotated exhibits on antique furniture—which was among one of his hobbies. On another occasion he delighted a great concourse with a brilliant lecture on the Roman Wall dividing his native North from the Border lands beyond. We shall miss his sprightly figure walking through the Park—his infectious laugh—his invincible anatomical knowledge. But we shall cherish above all the memory of a dearly loved teacher and friend.

RETROLENTAL FIBROPLASIA

A Clinical Lecture given at Guy's Hospital by

C. G. COOK, M.C., G.M., F.R.C.S.

LADIES AND GENTLEMEN,—I have chosen retrolental fibroplasia as the subject of this lecture not only because it possesses a somewhat unusual feature in that both the initial appearance of the condition and its final control have taken place within the relatively short period of twelve years, but also because the investigations leading to its elucidation have provided information regarding immature developing vessels which may in the future prove to be of far reaching importance in other fields of research.

Retrolental Fibroplasia is an ocular disease of premature infants which usually becomes apparent during the first few days or weeks of life and is characterised by an overgrowth of the developing retinal vessels which invade the vitreous and initiate a train of events which eventually terminates, in the fully developed stage of the disease, in total retinal detachment and the formation of a retrolental fibrous membrane.

The condition was first described as a clinical entity by Terry (1942) who stated that it was a disease which developed after birth in association with prematurity and he considered that it was due to persistance and overgrowth of the tunica vasculosa lentis. Following this initial description many cases were reported in America but up to 1949 less than 20 cases had been observed in England whilst it was unknown in South Africa.

In America in 1950 it was estimated that 23% of premature babies weighing less than three pounds at birth developed retrolental fibroplasia, whilst 7% of those under 4½ pounds and 5% of those over 4½ pound sbirth weight were affected: one case in every four thousand developing the condition. In England, however, the incidence was less, only 4.2% of babies under three pounds contracting the disease. An even more striking indication of the seriousness of the problem set by retrolental fibroplasia was revealed by the fact that by 1949 it had become the commonest cause of blindness among children in America where it was responsible for one third of all cases of blindness prior to school age.

The Clinical Course of Retrolental Fibroplasia

The clinical course of Retrolental Fibroplasia shows a marked variation which has resulted in the publication of a large number of classifications of its various stages. These may, however, be most simply described under two main headings which constitute the acute and the cicatricial phases of the disease.

The acute stage is almost invariably initiated by a marked dilation and tortuosity of the retinal vessels.

These vascular changes are closely followed by the appearance of a peripheral retinal œdema which manifests itself as a greyish white area in the retina, which although initially involving only an isolated sector, may extend rapidly to involve the whole circumference of the peripheral fundus.

This œdema is closely associated with the development within the inner retinal layers of newly formed vessels which eventually break through the internal limiting membrane of the retina to invade the vitreous. (Fig. 1.) Scattered retinal hæmorrhages are also usually present but at this stage an almost complete spontaneous remission may still occur. Further progression of the process however is characterised by an extension of the retinal œdema and the appearance of a detachment which steadily increases to involve the entire retina, which eventually becomes ballooned forwards immediately behind the lens.

The terminal cicatricial stage of retrolental fibroplasia is associated not only with the development of a retinal atrophy varying with the degree of retinal involvement but also in the more advanced cases with the formation of a dense retrolental fibrovascular membrane.

The fundus lesion in the late cicatricial stage therefore varies from a small peripheral mass of white fibrous and glial tissue without detachment of the retina to a complete retinal detachment covered anteriorly by a dense white retrolental membrane which may be complete or show gaps at the periphery through which a red fundus reflex can be seen.

In the less severely affected eyes the residual lesion is usually situated on the temporal side of the globe and it is of interest to note that it is on the temporal side that the retinal vascular pattern is last to be completed and the vessels consequently less mature. The unfortunate sequel to this preferential localisation is that even in mildly affected cases the macular region is particularly liable to be involved to some degree with a resultant reduction of central vision.

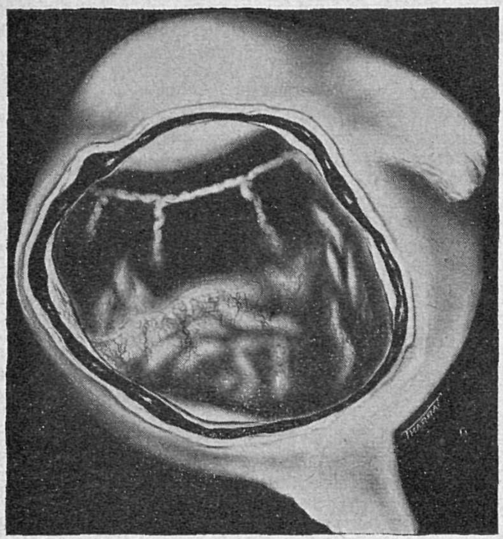


Fig. 1.

Globe opened horizontally. Arising from the retina in the equatorial zone on the temporal side there is a dense outgrowth of vessels terminating in arborizing tufts buried in yellow gelatinous material.

The Pathological Basis of Retrolental Fibroplasia

Numerous histological studies of the condition soon provided abundant evidence that the primary pathological change is angioblastic in nature and that it presents itself in the form of an overgrowth of the developing retinal vessels.

The earliest histological change consists of an excessive proliferation in the inner layers of the retina of vasoformative tissue which breaks through the internal limiting membrane of the retina and invades the vitreous body. This angioblastic tissue is freely permeable and protein transudates seep into both the vitreous and the retina which becomes œdematous, folded and eventually shallowly detached. Meanwhile fibroblasts proliferate in the plasma matrix within the vitreous and form fibrous strands which, on contracture, complete the retinal detachment. The fibrovascular tissue thus eventually comes to lie behind the lens where it organises into a dense retrolental fibrous membrane interposed between the folded and degenerate retina and the posterior lenticular surface. The development and course of the disease may therefore be divided into three stages. (Ashton 1954).

Stage I.

Proliferation of vasoformative tissue in the inner layers of the retina with early eruption of the tissue through the retinal internal limiting membrane into the vitreous. (Fig. 2.)

Stage II.

Commencing retinal detachment with extension of fibrovascular tissue into the vitreous and the formation of fibrous strands. (Fig. 3.)

Stage III.

Total retinal detachment and the formation of a dense retrolental fibrous membrane. (Fig. 4.)

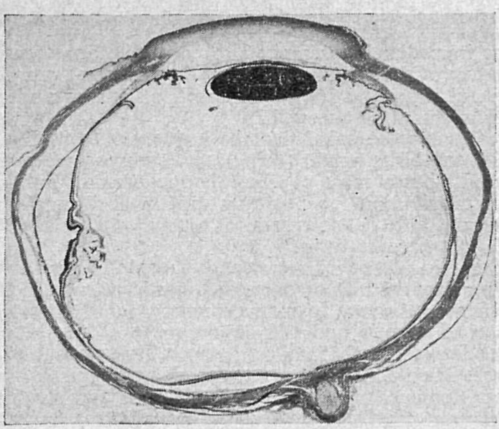


Fig. 2.
Retrolental fibroplasia.
Pathological Stage I.

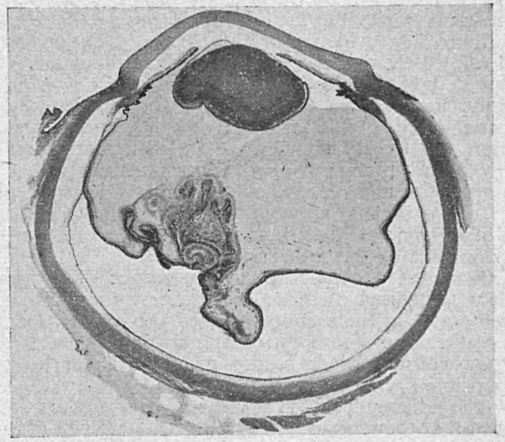


Fig. 3.
Retrolental fibroplasia.
Pathological Stage II.

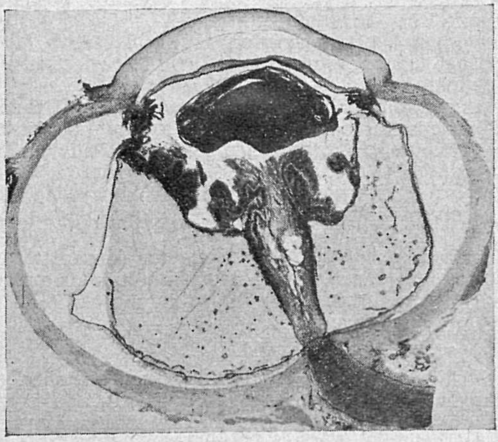


Fig. 4.
Retrolental fibroplasia.
Pathological Stage III.

Aetiology

Although prematurity was immediately recognised to constitute an essential feature of the syndrome, the nature of the stimulus initiating the abnormal vascular proliferation remained for several years the subject of much discussion and an extensive literature on the subject was soon amassed.

A study of the reported cases soon revealed that the incidence of retrolental fibroplasia varied inversely with the birth weight (being most common when the latter was less than three pounds) but a most puzzling feature of the condition was the extreme variability of distribution for not only did the incidence vary markedly in different countries and different towns but it also showed a marked variation in different hospitals in the same town.

A theory that the increasing incidence of retrolental fibroplasia was associated solely with the increasing survival rate of babies of low birth weight was soon disproved whilst comprehensive surveys in many countries failed to reveal any relationship between maternal factors and the development of the retinal condition. A variety of other factors, both local and general, associated with prematurity itself however were inevitably incriminated and equally inevitably discarded until surveys of large numbers of cases in both England and America showed that although the incidence of retrolental fibroplasia varied markedly in different countries, the condition was largely restricted to those institutions with special units for premature babies. The occurrence of cases furthermore coincided either with the increased use of oxygen in established units or with the setting up of new units with full facilities for oxygen administration.

Increasing evidence of the close association between retrolental fibroplasia and oxygen therapy thereafter rapidly accumulated. Thus it was noted in a large hospital in Australia that no case of the condition had been reported until it became the practice to administer oxygen liberally and in both England and America a direct relationship between the amount and duration of oxygen administration and the development of the retinopathy was simultaneously reported by many observers ; when oxygen was used freely the incidence rose and when its use was restricted no case of retrolental fibroplasia occurred.

It also became apparent that premature baby units differed greatly in their use of oxygen and that these variations were followed closely by variations in the development of the retinal disease.

Although the ætiological importance of oxygen administration was soon widely recognised a spirited controversy then ensued as to its exact role in the development of the retinopathy, and two apparently conflicting theories eventually emerged ; some observers averring that retrolental fibroplasia was due to a relative anoxia whilst another school of thought considered that hyperoxia was the responsible agent.

The adherents of the so-called hypoxic theory of retrolental fibroplasia contended that the retinopathy developed as a result of a relative retinal anoxia which followed the removal of the baby from the high oxygen concentration in the oxygen tent. The resultant retinal vasodilatation and new vessel formation was thus interpreted as a compensatory tissue reaction which had the object of supplying a maximum of oxygen to the anoxic retina.

The opposing concept invoking hyperoxygenation as the causative factor however postulated that the retinal changes resulted from the direct effect of high oxygen concentration on the retinal tissues.

In an attempt to clarify this ætiological problem Ashton (1953-54) carried out an extensive experimental investigation of the influence of varying concentrations of oxygen upon the developing retinal vasculature in the kitten. This vascular system is not only comparable to that in man anatomically but the degree of retinal vascularisation in the full term kitten at birth and in the ensuing three weeks is also comparable in extent and maturity to that obtaining in the premature baby.

His experiments were therefore designed to investigate the immediate and remote effects of high, moderate and low concentration of oxygen upon the process of retinal vascularisation during the first three weeks of the kitten's life.

Method

A mother cat and the test kittens were placed in an oxygen chamber, the oxygen concentration in which was periodically measured by means of an oxygen analyser and after a varying period of days the kittens were anæsthetised and the left venticle injected with Indian ink. The injected eyes were then fixed, opened transversely and the retinæ removed and mounted flat for study under the microscope.

Experimental Findings

The results obtained in these experiments were of unusual interest for they conclusively demonstrated that high concentrations of oxygen (60-80 per cent.) at atmospheric pressure were able to obliterate completely the growing vessels in the developing retina of the kitten. The tunica vasculosa lentis, the hyaloid artery and the other injected organs in the body however showed no structural change ; neither was the fully mature retina of the kitten affected. It appeared therefore that the obliterative process represented a specific effect upon growing vessels which was found to be directly proportionate to the degree of immaturity of the retinal vasculature, to the duration of exposure to oxygen and to the degree of the oxygen concentration. (Figs. 5 and 6.)

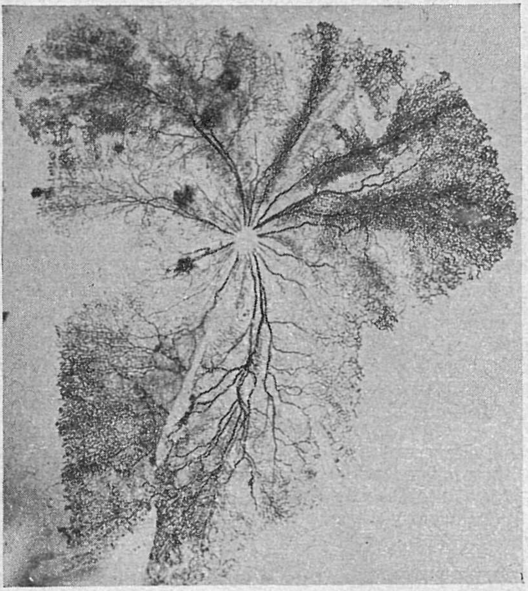


Fig. 5.

Control kitten, 1 day old. Normal developing retina. There are three vascular complexes, maximum out-growth 6 mm. Proliferation most dense at periphery. (Compare Fig. 6). Injected Indian ink. Mounted flat. × 7.

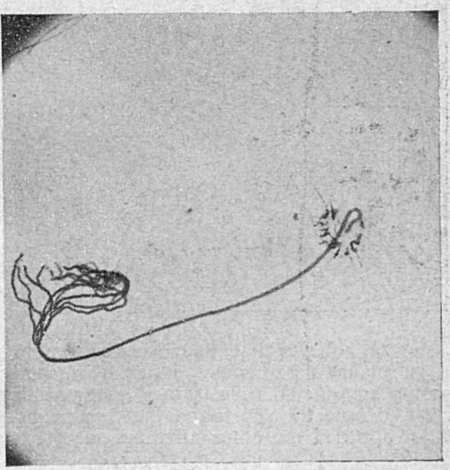


Fig. 6.

Effect of 5 days 70–80 per cent. O_2. The retinal vessels have been obliterated leaving the hyaloid system intact.

Studies of retinæ in which vaso-obliteration was not fully developed showed that the process commenced as a marked constriction of the arterioles which was followed by the gradual disappearance of the whole capillary bed. In general the process began peripherally ; that is in the region where the vessels were most immature and spread posteriorly so that the disc region was the last area to be completely obliterated.

When the animal was transferred from the oxygen chamber to air however, revascularisation of the retina commenced from the disc region but this new vessel formation was grossly disordered in character, containing many more vessels and forming a much richer plexus than normal.

By the 18th day following the transfer of the kitten from the oxygen chamber to air the vascular proliferation was found to be luxuriant and there were numerous corkscrew vascular proliferations which extended into the vitreous as loops or small glomerular tufts. (Fig. 7.)

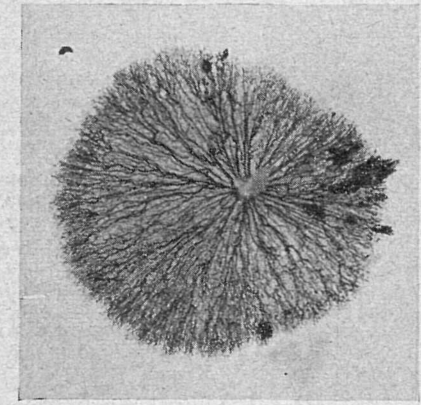


Fig. 7.

Effect of 5 *days'* 70-80 *per cent.* O_2 *followed by* 18 *days in air. Retinal revascularization is advancing from the disc, where there is a profuse circular ingrowth of the vessels several layers in depth. The pattern of growth is completely abnormal and on the surface of the ingrowth there are corkscrew proliferations extending into the vitreous as fine arborizations or glomerular tufts.* × 5.

Histologically there was evidence of an intense angioblastic activity in the inner layers of the retina with extension of vasoformative tissue and vessels into the vitreous. Thus a pathological process was produced which was almost exactly comparable to that obtaining in the early stages of retrolental fibroplasia. (Fig. 8.)

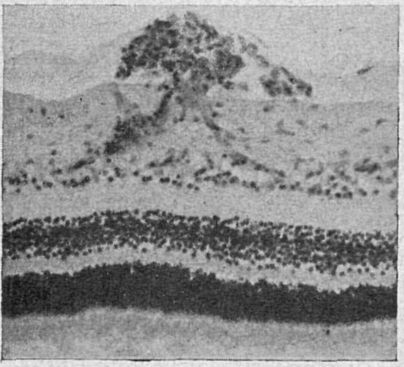


Fig. 8.

Section showing mass of endothelial cells erupting through internal limiting membrane. Haematoxylin and eosin. × 115.

Ashton believes that the closure of vessels occurring after exposure to hyperoxia is rendered permanent either by thrombosis or by the adherence of the opposing endothelial cells through plasma coagulation and it is of considerable interest to note that he found that the anticoagulant Tromexan (ethyl biscoumacetate) opposed the obliterative action of oxygen and that this antagonism was evidenced immediately the animal was returned to air. This finding suggests that the vascular closure itself may be due to spasm which, providing intravascular coagulation is prevented, is rapidly reversible.

General Conclusions

Since our present knowledge of retinal physiology and of the nature of vaso-formative stimuli is so limited the explanation of these experimental findings can only be speculative.

It is, however, reasonable to suppose that the vaso-obliterative phase is directly or indirectly due to an oxygen enriched atmosphere and the literature contains numerous reports that increased oxygen causes vasoconstriction in the central nervous system in many animals. This form of vasoconstriction however does not progress to vaso-obliteration which is a phenomenon confined to the retinal vessels alone and it would therefore seem most unlikely that the peculiar effect of oxygen on growing retinal vessels can be related to the known vaso-constrictive action of oxygen.

Investigations carried out in recent years have provided evidence that increased concentrations of oxygen inhibit enzyme activity and it is conceivable that oxygen vaso-obliteration might be related to an interference with the retinal enzyme system. It is, however, difficult to understand why other vessels, particularly those of the cerebrum, are not similarly affected or why the effect should be confined to the growing retinal vascular system.

The known actions of oxygen therefore fail to provide a satisfactory explanation of the retinal vaso-obliteration and a concept based upon the unique anatomical and developmental relationships of the retinal and choroidal vessels appears to afford a more profitable working hypothesis. There is considerable evidence that the choroidal circulation maintains the retinal nutrition during the early stages of development but as the choroidal supply gradually becomes inadequate to meet the increasing metabolic needs of the developing retina, progressive oxygen deficiency acts as the physiological stimulus for the extension of vessels into the retinal tissue. When oxygen is administered, however, the retinal oxygen content is increased by diffusion from the choroid and the anoxic vaso-formative stimulus is removed and the retinal vessel growth suppressed with their ultimate obliteration.

With regard to the vaso-proliferative phase of the kitten's retina it may be assumed that as a result of vaso-obliteration, the retina suffers a severe degree of oxygen lack. Since the obliterated vessels are prevented by coagulation from reopening adequately large numbers of vessels in response to the anoxia bud into the retina where they proliferate wildly.

It will be noted that whilst Ashton's experiments have exactly reproduced the histological picture of the early stages of retrolental fibroplasia the failure of the kitten's retina to detach has prevented the experimental reproduction of the later stages. The lesions of the early phase, however, are so exactly similar that an ætiological relationship seems undeniable and the different course in the later stages is most probably referable to anatomical variations between the eye of man and that of the cat.

Now that the vaso-obliterative action of oxygen has been demonstrated in the retinal vessels of the kitten, and there is every reason to suppose that the human eye may be similarly affected, the two conflicting theories as to the role played by oxygen in the pathogenesis of retrolental fibroplasia become reconciled; the basic injury of vascular obliteration being associated with the initial hyper-oxygenation whilst the secondary vascular proliferative phase is related to the relative anoxia resulting from the removal of the infant to atmospheric conditions.

The establishment of the over use of oxygen as the predominant factor in the genesis of retrolental fibroplasia must not obscure the need to seek for other possible contributory factors, for isolated cases of the condition have been reported in infants who had not received supplementary oxygen.

In this context it should be remembered that whilst the oxygen saturation of arterial blood is approximately 50% in utero, the arterial saturation after birth rises in a few hours to approximately 90% in room atmosphere. Capillary obliteration and secondary proliferation might therefore theoretically develop from this relative increase in oxygen tension and could explain the occurrence of the occasional case of retrolental fibroplasia where no supplementary oxygen was given.

There is now general agreement that oxygen therapy should be restricted in cases of prematurity, and recent reports have already shown a striking fall in the incidence of the disease. The exact amount of oxygen which may be given to premature babies with impunity, however, cannot of course be gauged by experiments on normal kittens but the fact that Ashton found that concentrations below 35% have proved innocuous to these animals may be a guide.

In those cases in which the risk of exposure to high oxygen concentrations must be taken, Ashton's experimental findings suggest that anticoagulants may offer the best preventive therapy.

Once the vaso-proliferative phase of the disease has begun the only rational therapy is to attempt to reduce angioblastic activity, and for this the use of ACTH and cortisone should theoretically be of value by virtue of their inhibitory influence on new vessel formation. Unfortunately, however, the results of hormonal therapy have been generally disappointing and the side-effects of these hormones appear to be particularly dangerous to the premature infant. Once a marked degree of retinal detachment has occurred, the disease is irreversible and no treatment is known which can modify the subsequent developments.

Retrolental fibroplasia has during a short space of a few years brought untold tragedy in its train, and its elimination is both urgent and imperative. The increasingly wide recognition of the dangers inherent in the administration of oxygen to premature babies, however, affords good reason to hope that this particular chapter in the history of therapeutics will in the very near future be brought to a close.

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Ashton, N., *Brit. J. Ophth.*, 37, 513, 1953.
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STUDENTS' UNION FEBRUARY DANCE

The Students' Union Dance will be held at The Empire Rooms, Tottenham Court Road, on Monday, 28th February, 1955, from 8 p.m. to 12 midnight. Dancing will be to Nat Temple and his Orchestra. Evening dress or lounge suit. Buffet and bar extension. Tickets are obtainable from the Social Secretary, Students' Union, Guy's Hospital, S.E.1. Single 5*s*. 0*d*., Double 8*s*. 0*d*. (10*s*. 0*d*. at the door).

GUY'S HOSPITAL STUDENTS' UNION COUNCIL, 1955

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Medical Ward Clerks and Junior Dressers	Miss P. O. Lane
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Dental Preclinicals	Miss J. R. Gibson and B. D. Pierce
Dental Prosthetics	A. Tucker and K. Kemp
Dental Clinicals	R. A. Peebles and R. W. Slee

EN VOITURE !

A British Council Tour in France, 1954

By KEITH SIMPSON

TRAVEL in France is certain to be full of colour, whether you're sipping Dubonnet in the padded luxury of the *Flèche d'Or*, footing it around the back streets of Montparnasse, or leaning on the bar at the local *bistro*. The air is pregnant with possibilities, the smell in the streets has palate and that shabby old man dipping his beard into a Pernod is as likely to be a delightful *savant* as an impecunious artist.

Of all countries in Europe " la belle France " has the most vivid appreciation of life and the arts—and a genius for " theatre ". Everything that is done has more than mere functional purpose : language has music, and a wave of the hand or the lifting of an eyebrow should have eloquence. Lunch is not just a ham sandwich, but a *dégustation* to be designed with care and enjoyed in the right company, so that conversation will flow as easily as does the wine. The whole art of having a good time with the French is to like them, to enjoy their domestic and artistic temperament, to speak their own language with them—however well or badly—and to be prepared to relax for an indefinite period after a meal with a Remy Martin in one hand and a cigar or something to gesticulate with in the other : the only unforgivable error you can make is to be dull.

Take a letter to your opposite number in medicine, for instance. No " *Cher Professeur Vinaigre*, . . . " *Nom d'un nom, d'un nom* ! *Non! Du tout!* You'd start, even with an obscure mediocrity : " *Très honoré collègue* " . . . and you'd end, not with the meaningless " Yours truly ", but " *Veuillez agréer, M. le Directeur, mes respectueux hommages, ainsi que l'assurance de mes sentiments les plus distinguées et avouées* ". You see what I mean? Don't forget the condiments. It's the same in crime. In England, if you regrettably find your wife in the arms of a smooth type, you might clench your fists, mutter " You cad, Sir "—even throw open the door and encourage an exit—but in France, *Mon Dieu*, the law permits you to wreak your desolate grief with more feeling. " *Cochon! Bete; Vaurien; Batard;* . . . " (Out comes the knife). " *Je vais vous tuer, Cochon!*" This technically speaking, is later referred to as " *la crime passionelle* "; it will receive the close attentions of a crowded court—and the daily press, and though your sadistic stabbing, even dismemberment and secret disposal of the remains will, *au fond*, have the sympathies of the French public (and, of course, the approval of every forensic pathologist), you will unfortunately have to go to prison for a while. *C'est la vie, vous savez.* It is unfortunate that she should have been found so, for what is a mistress or a lover? Pfft !

Les Conferences

I was in what was, for me (I insist), the predicament of being two-faced. On the one side I was endeavouring to represent the English in an exchange of culture at British Council level : on the other I was in my usual guise of combining a moderate appetite for criminal statistics with an insatiable thirst for *vin ordinaire* (and maybe a small medicinal dose of Vouvray). I had some lectures to give, a list of medical and criminal contacts to make, some official lunches—and a bit of "free time" in which to revive old memories (of study visits, of course). It required a bit of thought, and where better to cogitate and absorb atmosphere this first Sunday than at "Le Moulin Joyeux" up in the sun of Montmartre? I taxied up, ambled through some excellent food, enjoying a demi of Corton, and lingered over black coffee to a background of French conversation that transported me out of the world of the morgue : I must have dozed into absent-mindedness.

Sapristi! I'd forgotten altogether the object of my lunching *tout seul* : it was to plan the campaign—and here was I, torpid with wine and food, idling my way back down the streets of Montmartre in the autumn sun, with absolutely no desire to work. Pigalle, Clichy, St. Lazare, Parc de Monceau, Avenue Hoche, and there I was again at my hotel, off Étoile—with nothing accomplished but some amiable musing. It'd have to wait until after dinner—but no later, for on the morrow I was to lecture at the Palais de Justice to the *Societé de Médecine Légale*, and the next day to the *Société Internat. de Criminologie* at U.N.E.S.C.O., and the next . . . *ma foi!* I must have been *idiot* to take this on. I spent the evening planning the elimination of unmanageable Gallic articulations, the substituting of easier or more familiar native phrases with which to declaim the merits (and defects) of the English system of crime control, and picking out my juiciest colour slides (so as to take their minds off my slender syntax). Paris rumbled on invitingly outside, but this time I was firm.

Monday, 4.45 p.m., fifteen minutes to go, and there was I pacing restlessly up and down the famous *Salle des Pas Perdus* at the Palais de Justice, weaving my way between litigants, avocats, gaolers and gendarmerie—rarin' to go, but not a soul anywhere near Chambre I, my execution chamber at 5 p.m.; even the door was locked. The Janitor, when located, shrugged his shoulders: "*Mais oui, je comprends monsieur. En principe a cinq heures, en principe* . . ." but I began to doubt that I had the day right for with only 5 minutes to go for zero hour there was still no Société, no Secretary, no screen, no projector, not a vestige of activity . . . merely the small congeries of hand-shaking provincials, begowned *avocats*, with an occasional head of more distinguished white hair, gesticulating approval or disapproval—such as one sees outside the Courts. I was getting furious at this air of casual disinterest : 5 p.m. was the time the *Société* met and where was it? 4.58 now and still no sign of preparation. Was this the Gallic genius for just getting there? Was it the wrong day? Or had the promise of a visiting Englishman emptied the Chamber?

At 4.59 a short neatly-bearded gentleman appeared at the stairway, a large rolled screen under one arm, portable projector in hand, walked briskly across the *Salle*, produced a key, waved in the provincials, avocats and white haired distingués, and swept into Chamber I. It was Derobert, criminal pathologist at the Paris Institut Medico-Legale, introducing himself crisply to me as Secretary, whilst he unfurled his screen, checked his 35 mm. projector, approved the size of my slides, spread out the minute book, and (I was flabbergasted to see it was only 5.04) invited his President to take the chair with his Council. Miraculously the Court had filled—there, under the eye of genial Professor Muller of Lille (M. le President), sat orderly rows of the *Société de Médecine Légale* . . . Piedelievre, distinguished Head of the State Institut, Ollivier, Simonin, Michon, Hadengue, Vincent, Champeix, Trillot, Rondepierre . . . *Et Bien, nous sommes prets?* We were off, and after a momentary dismay at hearing myself declaiming in French (with a distinct Sussex accent) I took courage and settled down to producing appropriate gestures. Do not dismay if, in France, you arrive on time to find the machinery is not ticking over like a B.B.C. clock coming up to zero. Only the English—and the Americans—are such mad hares as to split seconds.

Et après? Well, I'd sampled the fabulous generosity of the Americans, relaxed in the warm friendliness of the Scandinavian, feasted far into the night with the Muslims (all in the cause of Forensic Medicine, of course), but never have I experienced such lavish hospitality, such exquisite cuisine and research into the cellar as in Paris—and later, too, in Strasbourg. One really has to enter the spirit of the thing. It isn't just a party of criminal colleagues, or a domestic *rencontre;* it is an epicurean exercise, and it would be sheer bad manners not to comment on both food and wine. A few carefully chosen adjectivals like *très* *savoureux*, or *de bon gout*, or the more general *épatant* (O.E.D. " smashing ", U.S. " bully ")—even a speechless gesture of wonder at such cuisine will be adequate.

As for the wines, a little tutelage from André Simon enabled me to make a confident approach. Ask for a moment to " let the wine breathe " before it is poured, fondle the glass **by the stem**—turning the wine (as nonchalantly as possible) to catch its " colour "; circle it slowly " on the nose " (allowing your eyelids to flutter a little), then sip gently, allowing the wine to roll (noise is immaterial) round the mouth as you sample first its " taste " then, after swallowing, its " palate ". Wait for several dramatic moments, then commit yourself : there are certain telling phrases of which perhaps the most certain to take are " It certainly has breed ", " Not a trace of fatigue " (reserved for the Old Masters—not Watteau or Renoir, fathead—Moet et Chandon, Bouchard Ainé and the like), " Beautifully balanced ", " Splendid ", etc., etc. Food and wine deserve study for they are keys to the Frenchman's heart.

At one luncheon at Chez Pescadou I found myself between Professor Sannié, Head of the French Identity (Fingerprints, etc.) Bureau and Mme. Yvonne Marx, well known Social (and, I suspect, judicial) reformer ; we approached criminal procedure and the Bertillon identity system via *apéritifs*, *le vin blanc d'Eginshein* and *la coquille St. Jacques* with deliberate care and a complete lack of haste : I was learning. It was near 3 p.m. when I shook hands with Pinatel, my host, staggered out into the streets and weakly hailed a taxi to the Law Courts : even the judge may take a siesta there. I somnolently watched a young *maitre* indulging his forensic polemics on behalf of an old *roué* who seemed to be familiar enough with the layout of the Court.

La Crime

I've said before, in writing on forensic travel, how little crime varies basically from country to country. Lust, avarice, sadism, revenge—they're all fundamentally the same whether they urge a Coptic or a Corsican. It's local colour, climate and living conditions that decide whether you bash with a bludgeon, give a coup de grace with a poignard, or " fix things " with rye or absinthe, dope, " goof-pills " or hashish.

Even in France you need no special training in verbiage for crime : the French also have *les rackets*, *hold-ups*, *gangster beat-ups*, can give a *coup de grace* or go *berserk* and may face *interrogation* or be questioned under *le lie detector*. If you're in need of an *affaire*, you can start on the nearest *jolie blonde* (don't blame me if the Préfecture translate " *affaire* " differently). Just as in England we browse over the " News of the World " on Sundays only, so in France you turn to page 2 of " Le Figaro " every day !

It just happened that I'd left for France on the day after the discovery of the dead body of a young Englishman, Davy, at Père Lachaise. " Paris-Soir " smelt a rat, " Le Matin " came out with " *Scotland Yard poursuit un enquete sur ce mort clandestin* " and my secretary was rung by the Paris Press correspondent to know whether I was on the job—" Did he flew today?" (I was, in fact, then in Paris, gazing meditatively at a Left Bank notice which said " *Défense de pecher—et d'amour* " : life gets hard if you can't indulge in either on the banks of the Seine. There are, after all, *secours* stations up and down each bank).

What does France have in the way of crime? Well, here are some figures from the H.Q. of the Sureté, that " Scotland Yard " of Paris so efficiently run under the direction of an " *aimable mais sagace* " Head, Marcel Sicot (a close friend of our own Sir Ronald Howe), whose visitor's waiting-room at the Rue de Saussaies H.Q. is equipped with a bed ! I didn't have to wait that long ; but on my second visit I was just about to investigate a body-like shape under the coverlet when the Sureté officer blew in with a brisk " *S'il vous plait M'sieu* " : I never found out whether it was alive or mummifying ! Let's look at some of the statisics—" looking at figures " is not the correct expression in Paris :—

During 1953 the *Police Repressive* (*Sureté Nationale, Préfecture de Police et Gendarmerie*) who are responsible for all common law offences ranging from " *assassinats* " to " *vagabondages* " dealt with overall figures of 643,325 offences, being successful in their enquiries in 373,750 and effecting 318,792 " *arrestations* ". These figures compare well with those of most civilised communities having a sound control system. It is of interest to see that of the " *arrestations* " no less than 33,005 were foreigners : France has several big cosmopolitan cities—Paris, Marseilles, Rouen, and a large foreign population.

Of the main medico-legal crimes and offences, the 1953 figures were :—

	Préfecture	*Gendarmerie*	*Sureté Nat.*
Assassinats, (*et tent*)	28	103	257
Meurtres, (*et tent*)	120	399	827
Homicides, (*et blessures involuntaires*)* ..	1,461	13,617	30,483
Coups et blessures	2,964	21,688	16,650
Infanticides	13	73	77
Avortements, (*et propogande anti-conceptionnelle*)	200	239	748

*Includes culpable vehicular street injuries and deaths.

And, in addition, France has her more domestic difficulties—" *excitation de mineurs à la débauche* " (*not* urging the miners to have a blind), " *outrages publics a la pudeur* ", " *stupéfiants* ", " *viols* " (not to be confused with " *vols* ")—and the usual run of theft, fraud, illicit drug and firearm offences. Drug traffic among addicts is no particular problem, but drug commerce in the big ports is, as in most south European countries, more difficult to assess.

Crime among the juveniles is, as ever, the problem of the growing young man (9,712 out of a total of 10,937 offences). A half of these are accounted for by theft and there's little incorrigible malice in the majority of the remainder.

La Justice

After a lecture under the aristocratic but benevolent eye of ex-English Ambassador Corbin—this time in English, *comme d'usage*—to *L'Association France-Grande Bretagne* at the Amphitheatre Richelieu of the Sorbonne (a magnificent traditional lecture theatre reminiscent of our Royal Institution), a party repaired to the Cafe de Cluny on the well known students' Boulevard St. Michel. Never have I enjoyed late-night conversation (and iced Pernaud) more ; next to me was Conseiller Furby, Judge of the High Court, and away down in the Midi there was going on one of the great French criminal trials—that of Gaston Dominici on a charge of murdering the Drummond family. All France was watching this cunning old rascal alternately scowling and grinning at his judges, reviling his sons, accusing them in heated domestic asides such as only French courts can permit : I wanted to know how the system operated and Judge Furby was just the man to tell me.

Now the course of a charge of this kind in French law is peculiar to France. If you tire of your *belle-mère* and do for her with a bottle of claret (wielded without thought for the sediment) you will be tracked first by the ordinary police (in the country, still called *gendarmerie*) who may be aided by *Sureté* officers corresponding to our Yard C.I.D. You will have your crime assessed by the *Juge d'Instruction* (something near the Scots Sheriff or U.S. District Attorney) who will prepare a case for the *Procureur de la République* (Director of Public Prosecutions) to place in the hands of an *avocat* (counsel) for presentation at the court called *La Chambre des Mises en Accusation* (Magistrates or Police Court). If there is a prima facie case (i.e., you're pretty obviously guilty), the whole affair will be documented for trial proper at the *Cour d'Assizes* (like our Old Bailey or Assize Courts) where, with less pomp and formality than at home, you will stand trial. You'll be lucky to get mere imprisonment, but this will be your likely fate, for murder in France is graded according to the " *degré de perversité* " of the accused. At its worst, it might be " *avec guet-apens* " (a catch for the chaps here, for though at school this means " ambush ", in court it is " wilful murder ") ; it might be " *sans premeditation* " (a better point for a jury than one of law on culpability) or—and this is delightful French law—it might be just " *commis par simple imprudence* "—when you'd get away with something under 2 years. Remember, though, it's still probably " *simple imprudence* " to bash your *belle-mère*, even if it is not homicide grade I or II.

" What ", I asked *M. le Juge*, " about *la crime passionelle* ?" " *Ah ! Monsieur, par example! Cette faiblesse! Mais comment toucher la vérité quand les données meme de la connaissance sont fuyantes?*" (A wave of the hand explained everything).

It may be law that, by the *droit penal*, woman is man's equal—in culpability, that is—but as elsewhere, in practice, it is difficult to put aside one's sympathy for a fair young thing—or an appealing older one. Certain women have always been able to achieve a latitude that men cannot expect. For example, after a late evening at the de Cuevas Ballet at the Sarah Bernhardt (visited in spite of deprecatory warnings from Ninette de Valois) Miss McLeod, British Council Head, and I turned up at the Splendid bar only to find it shut " *en principe* " : it was serving drinks two minutes later, for Miss McLeod was a personality with appeal and charm.

In France, Magistrates or Judges and the jury retire together for their deliberations. What an excellent idea ! How better to put an end to the inconsequential and irrelevant chatter that so often—it is common knowledge—goes on when a verdict is being considered within a lay jury. At a London court recently we waited an unconscionably long time for a jury to return and the police officer in charge was encouraged to put his ear against the door to find out whether argument was still rife. What did he hear? A Cockney voice saying " 'E'll never stay 8 furlong, Joe ! 'E's carryin' too much weight ! "

In the event of a legal slip-up there is a Court of Appeal—the *Cour de Cassation*, which can quash a sentence or send a case back for re-trial. Justice is undoubtedly done—with a typical French tolerance for the weakness of human flesh and a proper regard for the accepted French *ménage* : the way of life in Strasbourg is not the way in Scandinavia or Scotland—or, for that matter, in many parts of the world. France respects its *droit penal* and is not afraid of the world seeing it operate. I spent many hours in court improving my language gaps, polishing up my Gallic gestures. How much more impressive than the placid Englishman's bovine calm as he says " Unfortunately for my client, my Lord . . . " is the French *avocat's* " *Helas* " (with a helpless sigh, and a hopeless gesture with both hands) "*Desastreux*" (another wave) " *La pauvre . . .* " (it is too much for accused. She buries her head in her hands, sobbing convulsively). " *Jamais encore . . . de la vie . . .* " This is the stuff for the jury—and the English visitor.

L'Alcoolism

Alcohol and crime have always had complementary interests, like Crime and Punishment, Dickens and Phiz (or is it Dickins and Jones?), Rowlandson and Pugh, and the like. It is the happy duty of every forensic pathologist to study each ; you will understand the necessity actually to indulge in alcohol but to study crime as a mere spectator.

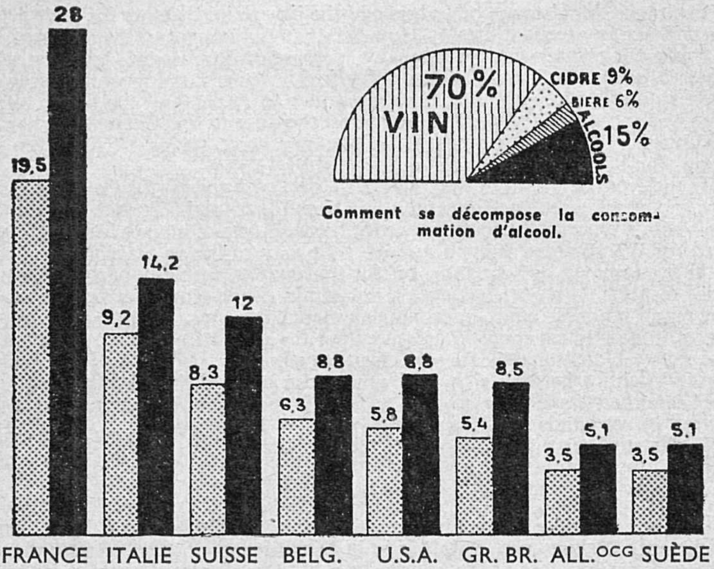
France is, of course, the most wonderful country in the world in which to study what André Simon has called the cult of wine, with its historic vineyards, famous names that give more than geographic significance to places like Cognac, Nuits St. Georges, Beaune, Macon, Pouilly, Margaux, St. Emilion—and hundreds of the like. I looked forward to a warm welcome, but the very day I arrived " Le Figaro " announced that the French Government, concerned at the high consumption of alcohol, had instituted a " *lutte anti-alcoolique* " and produced these remarkable figures.

U.N.O. statistics show that the " average Frenchman " spends 4.1% of his earnings on alcohol, as compared with 0.7 in England and 0.4 in the States. Whereas the safe limit of consumption is said to be an equivalent of 1 litre of 10% wine per day for an adult, the adult consumer in France gets through nearly 2 litres per day. Of course, France is in a bit of a jam for the State makes no less than 70 milliard (70 × 1,000 million) francs a year on its wine trade. What everyone wants is a campaign both " *efficace mais juste* ", " *logique et réaliste* ". France will always, naturally, drink more ; but something's got to be done about 1.9 litres a day per adult " *consommateur* ". It doesn't end at insobriety, road traffic accidents and alcoholic violence : France is worried about the alarming rise in admissions to hospitals of both alcoholic insanity and of cirrhosis (less direct as the association may be).

A bad view is taken of only one drink in France—absinthe : it's prohibited, partly in consequence of Zola's indictment in *L'Assommoir*, but that by no means excludes its purchase. It's still possible to " *s'absinther* "—but if you can't ring the right bell, well there's everything under the chandelier to help solace you. *Aniseed* "*etoilé*" or *badane* is pretty common in the Midi and in Algeria. Anethol is its intoxicant.

It is important, too, to distinguish certain forms of *eau*. The pure product (*eau nature*) is never mentioned at table—and there are certain other forms which one ought also to black-list. *Eau de javelle* (bleaching liquid), *eau de pluie* (rain water), *eau regale* (aqua regia), *eau de savon* (soap suds), *eau seconde* (HNO_3), and *eau de vaisselle* (dish water). But *eau de vie* is O.K. for it's brandy. Remember, though, that whereas *vin ordinaire* is safe at 8 to 12%, *eau de vie* is seldom much under 48% alcohol : better take it easy.

CONSOMMATION D'ALCOOL PAR HABITANT



Comment se décompose la consommation d'alcool.

En grisé : **la consommation annuelle par habitant.** *En noir* : **la consommation par adulte.**

Whereas we in England, the Americans and a majority of people, scent real danger in drunkenness at 200 mg.% or over—indeed, the Scandinavians at 150, the French assume an arbitrary limit for "*ivresse*" at 300 mg.%. It is a matter of custom and usage. Undoubtedly the custom of drinking *eaux minerales*—Vichy, Perrier and the like—does both clean the palate and help eliminate the alcohol. Everyone knows that it is as much the rate of rise in blood level as the level itself that is significant to one's reactions to drinking.

The most common alcoholic offences are, as everywhere, street accidents, sex and other assaults, wounding, *d'actes impulsifs violents*, murder, together with what are listed as "*outrages*". Alcohol is concerned with 63% of acts of violence, 56% sex delicts and street accidents, 20% of the driving and 60% of the pedestrian culpability. "*Boisson national et poison social*", as Simonin has it. A great character, Simonin, Professor at Strasbourg University—where I had a "house" including the local magistrates, law faculty, police and students to provide an audience worth going a long way to meet. Simonin had arranged a delightful evening in the company of the Sub-Dean (the fabulous Fontaine was away), Chaumont and Weil at which the delicacies of the Rhineland—fresh trout (*avec* Riquewihr), pheasant (*avec* Beaune) and Munster—"post-mortem"—cheese (*avec eau de framboise*) were sampled. We ambled on far into the night, ending in the famous 16th century Lohkäs tavern cellars under the Rhine. Guy's seemed a faraway dream, "*le fromage du Borough*" and "*la bière de Barclay*" things of the past ; I was living in another world.

Content in my hotel bed later, I lay listening to the chimes of the famous cathedral. 3 a.m. had hardly struck before the telephone rudely broke my dozing: a brisk Alsace voice announced "*Bonjour, Monsieur. Il est six-heures M'sieu*". Sapristi ! My train left at 7. In 40 minutes I'd bathed, shaved, dressed, packed my bag, gulped my *café complet*, taxied through the cobbled streets and was buying my "*Matin*" on *Voie 1* at the Central Station. A shorter break in Paris, en route, and I'd be facing my Dean again.

CORRESPONDENCE

Letters to the Editor of the Gazette

Sister Cross

SIR,—Guy's has lost a great teacher of nursing with the retirement of Sister Cross. Her wise philosophy will not be forgotten, nor her great capacity for love, and intense interest in persons. She constantly taught us to consider our patients as people, who probably had many home and family problems. The patients were the first to appreciate this, and many mothers would say how much they disliked "Auntie's nights off". She understood what it meant to sick people to be separated from those they loved, and her very presence brought them a sense of security and peace.

As a Sister I have many times heard her say "Child, are you sure it is not you who are difficult, and not the men or the nurses?" We were constantly reminded to examine our own attitudes and short comings before criticising others.

Sisters who have worked for Sister Cross loved her, and are fortunate to have experienced her wise counsel, warm friendship and just, unbiased judgment.

Yours etc.,

J. ROBIN TANNER.

5, Egerton Court,
South Kensington, S.W.7.

Denigrate

SIR,—I have always maintained that this word means to un-blacken, or perhaps bleach, but as nobody seemed to know that besides myself, I never use it. I lost a bet on it, as the O.E.D., says "to blacken," yet the next word but one is "Denitrate," which is said to mean to "free from nitrate".

In the days of my disreputable youth we used to debag invaders who came after the MILKCAN, or the like. The meaning of the word was never in doubt.

Yours etc.,

G. W. DRYLAND.

Kington,
Herefordshire.

Visitors to Rounds

SIR,—I'm sure that every firm is pleased to have "visitors" on its rounds—it indicates that the standard of teaching is high. However, there is a present tendency at Guy's for "visitors" to push to the front, examine the patients and stand in front of the X-ray screen, whilst the firm either wishes it were a foot taller or thinks that a game of squash would be more profitable!

As ward rounds are primarily intended for the firm could "visitors" make themselves a little less conspicuous?

Yours etc.,

DRESSER.

There is comment upon this subject in Passim.—EDITOR.

SPORT

AWARD OF BLUES

Club	*Full Blues*	*Half Blues*
Rifle		K. Kemp B. Gilliland
Squash	D. J. Palmer	P. Shaw J. Kelly

RUGBY FOOTBALL

1st Round Hospitals' Cup

Guy's *v.* St. George's

At Richmond

February 3rd, 1955
Won 11-3

Guy's first appearance in the Hospitals' Cup this year left a lot to be desired and the team must do a lot better if we are to succeed in the subsequent rounds of the competition. Although an injury to fly half Hackett which forced his retirement after 10 minutes play in the first half disorganised the back division, the side as a whole made heavy work in overcoming a very plucky and spirited St. George's team. The forwards must shoulder a lot of the blame, being very sluggish in the loose play and the lineouts and heeling from the loose scrums was particularly bad and will have to improve considerably if we are to go further in the competition. The backs could have made a little more use of their opportunities, the final pass being delayed when another man was in a more favourable scoring position. However, they ran with determination and tackled their opponents well.

The game opened in sensational fashion. St. George's were awarded a penalty slightly inside their own half and their goal kicker with the wind in his favour hit the cross bar with a beautiful kick. This roused Guy's and after 10 minutes play Hackett cut through beautifully in his opponents' 25 and gave a long pass to James who ran in to score near the posts. Cooke converted. In this incident Hackett was injured and took no further part in the game. Lindsey went fly-half, James in the centre and Slocock on the wing. Shortly afterwards St. George's reduced the arrears with a splendid penalty goal from near the half-way line and for the rest of the half they held their own well and went very near to scoring again on a couple of occasions.

Guy's turned over leading 5-3 but it was not until very late in the second half that Thomas landed a very nice penalty from near the touchline. By this time the speed of the Guy's backs was beginning to tell on the opposition and Hawley made a wonderful run the length of the field but delayed the scoring pass to Leyshon. Shortly afterwards Lindsey quickly went round the blind-side in the St. George's 25 and drew the opposition beautifully before sending Leyshon in at the corner. The kick was missed.

In this game in which Guy's really only played to their true form in the last quarter, Thomas fielded and kicked well at full-back, Hawley ran well in the centre and Leyshon in his first cup match took his scoring chance very nicely. Among a slowmoving set of forwards Labushagne hooked well and Fairweather and Cooke were always to the fore.

Team: G. D. Thomas; J. Leyshon, R. Hawley, M. Lindsey, E. O. James; G. W. Hackett, R. K. Knight, J. S. Van den Berg, N. A. Labuschagne, D. Fairweather, R. Morgan, A. Gunn, A. O. Slocock, S. A. R. Cooke (Capt.), D. Lillicrap.

Guy's *v.* Coventry

February 5th, 1955
At H.O.P. Lost 0-9

Guy's, despite the absence of key players Hackett and Labuschagne, put up a wonderful performance in holding a very strong Coventry side to 2 penalty goals and 1 try to nil at H.O.P. The Hospital stepped up considerably on recent form and a good attendance were treated to a fine exhibition of open and fast rugby by both sides.

From the beginning the visiting side with the wind in their favour commenced a barrage of attacks on the Guy's line and they were only held by desperate tackling and good defensive covering. In fact, a feature of the game was the grand first time tackling by the Guy's threequarters in which Hawley in particular was outstanding. During this period Coventry's only score was a nice penalty goal by Cole (scrum-half). Guy's, however, began to find their feet, the forwards bringing off some nice foot rushes and the backs began to make some ground with strong running and tactical kicking.

Guy's turned over three points in arrears and it was Coventry's turn to defend and we saw some grand attacking movements by both forwards and backs. In fact one beautiful movement which started inside the Guy's 25 was carried on by about 10 players before Evans was crashed into touch near the corner flag. Late in the half Coventry scored another penalty goal and in the last few minutes a cross kick by Henderson (Coventry) was misfielded by a Guy's defender and Jackson (Coventry) coming up fast picked up and touched down in the corner.

In a game in which every player really put his best into it Fairweather, Cooke and Russell deserve special mention among the forwards. Henderson in his first game made a very satisfactory debut. Among the backs Lindsey playing at fly-half instead of the injured Hachett kicked shrewdly and fed his three-quarters at the right time. The rest of the backs tackled magnificently and Hawley and Keen made some very nice breaks in the centre from time to time.

If the side can keep up this form our chances in the Hospitals' Cup competition seem very bright.

Team: J. D. Carroll; G. D. Thomas, R. T. Hawley, E. D. Keen, C. E. Evans; M. Lindsey, R. K. Knight; R. Henderson, K. Fairweather, D. Smith, R. Morgan, A. Gunn, M. A. Russell, S. A. R. Cooke (Capt.), D. Lillicrap.

Guy's *v.* Paignton

At Paignton
Lost 6-8

This was a game Guy's should never have lost.

The game started with Paignton definitely in the ascendency. Guy's were kept in their own half and Paignton had many threequarter movements from quick heels from the tight scrums. The Paignton halves were the most dangerous part of their backs and the fly-half especially with his attacking kicks. After 10 minutes of play, Paignton heeled the ball quickly from a set scrum under our posts and their fly-half forced his way over on the blind side for a try which was converted.

After this the game became more even with Paignton still getting most of the ball from the set scrums but with Guy's dominating the lineouts thanks to some fine jumping by Locke, well supported by Smith and Morgan. The Guy's threequarters were beginning to show their ability with Keen ably deputising for Hawley; more would have come of their movements had their passing not been so wild at times.

Then after 20 minutes play Leysham scored a good try near the corner flag following a straight threequarter movement. The try was not converted and the score remained at 3-5 to Paignton for the rest of the first half, with Guy's steadily dominating the play more and more.

Right from the start of the second half until 10 minutes before the end of the game Guy's completely dominated the game. The forwards gained possession of the ball continuously and were quick on the loose ball with Cooke, Smith and Lillicrap often prominent. The threequarters were given much of the ball and were continuously dangerous with Hackett making several good runs and Lindsay and Keen combining well in the centre. The forwards also joined in several passing movements and the ball was passed around well by the whole team. This was very gratifying to watch and Paginton had to defend desperately to keep their line clear.

But the minutes ticked by and still Guy's did not score, mainly because when a Guy's player got in reach of the line, instead of going hard he looked for yet another man to pass to.

At last the inevitable try came. Thomas coming into the line from full back broke through and dived between three defendere ro score a first rate try. This was unconverted, so Guy's led 6-5.

Then with only a few minutes left for play Guy's slackened off and immediately found themselves pinned in their own "25".

The Paignton forwards carried play to the Guy's line, and from the last scrum of the game the Paignton inside half stole around the blind side to score an unconverted try which gave his side victory.

HOCKEY

INTER-HOSPITALS' CUP

Semi-Final, 6th February

Guy's *v.* London

H.O.P. Draw 3-3 (after extra time)

Although we went into this game with confident expectations, we see in retrospect that Guy's are somewhat fortunate still to be in the cup competition.

London have not had a reputation of producing strong hockey sides of recent years, but it soon became apparent in this encounter that they were by no means poor opposition now.

The game opened at a fast pace and the hockey was keen and clean. The numerous Guy's supporters were soon rewarded when Cooke scored one of his typical matter of fact goals from the edge of the circle.

However, it was not long before this valuable lead was snatched from us when Peeling, the Welsh trialist, hit a hard shot through several of our players and into our goal. The same player, who would have been even more dangerous given adequate support, soon scored again in a very clever fashion, to give London a 2-1 lead at half-time, and Guy's plenty to worry about.

The second half was obviously going to be close, but Guy's were perhaps the better team, especially in defence. However, our forwards lacked combination and penetration and London scored again when Montgomery was unlucky to get off balance in trying to kick a bouncing ball. The sting of being led 1-3 now encouraged Guy's to go harder and the forwards began to find a little of their best form.

Millar scored a good goal and Willis cleared off the arrears; unfortunately, this was all we could score before full time.

Thus to extra time and some exciting play. Both teams were going flat out now and Guy's had numerous chances. Following a free hit just outside the London circle, Cooke scored a splendid goal, but a very lonely opinion gave him offside. A further chance of winning the game was lost just before full time when Millar failed to score from a penalty bully. Thus to the conclusion with no further score and the prospects of a replay.

The outstanding player on Guy's side was Knapman, who at centre-half was almost the complete foil to Peeling, and played his best game yet for the hospital. All the defence played well and gave excellent support and service to the forwards. Unfortunately the latter lacked their usual cohesion, although they did look a fairly formidable force.

Laney is improving at shooting from short corners, and was very near to scoring on at least three occasions.

Team: D. Montgomery; H. M. Tuddenham (Capt.), D. R. Laney; R. Elsdon-Dew, W. R. Knapman, M. B. Mackenzie; J. J. Hall, R. R. Paul, J. I. Millar, M. F. H. Willis, N. R. Cooke.

Saturday, 12th February, 1955

Guy's *v.* Walton

Away. Won 4-2

Scorers: J. J. Hall, R. R. Paul, R. H. Podd, W. R. Knapman.

Guy's *v.* Westminster Bank

Saturday, 5th February, 1955
H.O.P. Won 4-1

Guy's 2nd XI *v.* Westminster Bank 2nd XI

Away. Won 9-0

Guy's 3rd XI *v.* St. Thomas' Hospital 3rd XI

Away. Draw 3-3

TABLE TENNIS

Guy's *v.* Royal Free

1st February, 1955
Won 9-1

Team:
A. A. Akiwumi, P. Kurland, W. F. Jaworski.

HOSPITAL INFORMATION

APPOINTMENT

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the appointment of **Chief Assistant in the Neurological Department,** (whole-time, Senior Registrar grade). Duties to commence on 11th April, 1955 or as soon as possible thereafter. The appointment will be made for the period ending 30th September, 1956 in the first instance. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded with the names of two referees, not later **than 17th March, 1955.**

YORK CLINIC—HOUSE PHYSICIAN

Applications are invited for the post of locum **House Physician in the York Clinic** (Senior House Officer) for two months, 1st April to 31st May, 1955. The appointment will be vacant on 1st June, 1955, for a period of six months and will be re-advertised.

Applications for the locum appointment should be lodged in the Superintendent's Office not later that 1st March, 1955.

R.M.O. NUFFIELD HOUSE

It has been decided to revert to the old arrangement and to appoint two **Resident Medical Officers in Nuffield House** as from March 18th, 1955. The salary will, in future, be £850 per annum with a deduction for board and lodging at the rate of £185 per annum.

Applications should be lodged with the Superintendent on or before **1st March, 1955.**

APPOINTMENTS

UNIVERSITY OF LONDON

Readership

Dr. J. N. Hunt, Senior Lecturer at Guy's Hospital Medical School has been appointed to the University Readership in Physiology tenable at that school.

BRITISH ORTHOPTIC BOARD

Examiner for Preliminary Examination

Dr. E. E. D. Tomlin

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P. S. Boulter

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Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

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PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

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Wanted

CLERK (Lady) 20/30 years of age, typing—knowledge of shorthand useful—good prospects. Write Age, experience, present salary, secy. Box. 100.

SECOND-HAND Medicine bag for one about to set up in practice. Pound Hill (Sussex), 2301.

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Final Examination
January, 1955

Pathology, Bacteriology and Forensic Medicine

D. P. Addy
R. E. Farmer
J. F. Marsden
A. H. Sears

Medicine

D. P. Addy

PAPERS BY GUY'S MEN

Rees, R. J. W. and another. Possible Site and Mode of Action of Certain Lipotropic Macromolecules in Tuberculosis. *Nature*, 1954, **175**, 161.

Shephard, R. J. Redistribution of Systemic Blood Flow in Pulmonary Stenosis. *Brit. Heart J.*, 1955, **17**, 98.

Smith, Eric. Antibiotics in Sub-acute Bacterial Endocarditis. *Trans. Ophthal. Soc.*, 1953, **73**, 247.

Smith, Eric and another. Procaine Amide Therapy in Auricular Flutter with 1 : 1 A-V Conduction. *Brit. Heart J.*, 1954, **16**, 329.

Smith, Eric and others. The Biochemistry and Management of Hepatic Coma. *Gastroenterology* 1954, **26**, 650.

CHANGES OF ADDRESS

John G. Dixon, L.D.S. R.C.S., from Westwood, Southbourne Road, Bournemouth to Anlaby House, Baker Avenue, Salisbury, S. Rhodesia.

R. D. France, M.B., B.Ch., 60 Crouch St., Colchester, Essex (From 1st March).

J. L. Herbert, M.B., B.S., Fairoaks, Bronwydd Road, Carmarthen.

A. T. M. Roberts, M.D., M.R.C.P., 12 Southfield Road, Westbury on Trym, Bristol. (Tel.: Bristol 627105).

BIRTHS

BALLANTYNE.—On 24th November, 1954 at Rochford General Hospital, to Joan, wife of Kenneth Ballantyne, L.D.S. R.C.S., a daughter (Angela Mary).

DRAKE.—On 30th January, 1955 at the Radcliffe Infirmary, Oxford to Judith (née Clarke, S.R.N.), wife of Peter Drake, M.A., a daughter (Diana) a sister for Timothy.

MARRIAGES

EDDEN—SMITH.—On 15th January, 1955 at St. John's Pro-Cathedral, Bulawayo, Southern Rhodesia, Michael Granville Edden to Jean Rosemary Smith, S.R.N.

MITCHELL—YEABSLEY.—On 29th January, 1955 at All Saints' Church, Castle Cary, Somerset, Robert Frederick Mitchell, B.Sc., A.R.I.C.S., to Betty Yeabsley, S.R.N.

REID—MITCHELL.—At Felixstowe, Suffolk Lt. I. R. Reid, R.A.M.C., to Gillian Mitchell, L.R.A.D. Now at British Station Hospital, Khartoum.

WOODS—CALDECOTT.—On 9th October, 1954. Sqn. Ldr. John James Woods, D.F.C., to Nancy Farran Caldecott, S.R.N., S.C.M.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1738 *5th March 1955* *One Shilling*

PASSIM

THE Strachan Report on the question of the junior staff in hospitals provoked a good deal of criticism when published in its original form. Despite long discussions which have since taken place the Report is still not regarded as final.* We do not think, therefore, that it would be right to comment on the proposals as such, at this stage.

But one startling fact has emerged. This is the remarkable shortage that exists in the junior grades of hospital staff. Figures which the Report quotes from the Ministry of Health are as follows:

Establishments Dec., 1952		*Posts Filled*	*Shortage*
House Officers ..	3,104	2,775	329
S.H.Os.	1,654	1,548	106
Registrars (May, 1953)	2,388	1,986	402
	7,146	6,309	837

The Report goes on to say that each year 2,110 house officer posts are approved by the licensing bodies for the pre-registration year, while the actual number of medical students qualifying in England and Wales each year is only approximately 1,800.

This significant shortage may seem surprising to many recently qualified men and women. Certainly in this part of the country there would appear to be no such shortage. Rather the reverse: too many applicants for too few jobs is the impression one gains on all sides.

The shortage of staff revealed in the Strachan Report refers only to the situation in hospitals. But what applies to junior staff posts in hospitals today will certainly show itself in the profession generally tomorrow. Yet here the position appears to be that there is a danger of gross overcrowding. So serious is this threat that a Government Committee has been set up to consider the intake of students into the Medical Schools. Figures quoted last week in the *British Medical Journal* show that the annual increase of names on the Medical Register has been more than 1,000 for at least the last 20 years. The implication to be drawn from all this is that the Committee's task is to limit in some way the intake of students into the Medical Schools. The *British Medical Journal* goes so far as to say that "the Committee may well feel some urgency about its work".

The whole situation is a puzzle. Here, on the one hand, is the Strachan Report pointing to a significant deficit in the numbers available for junior hospital posts: on the other, there is a Committee whose prime task would appear to be to limit the intake of students, and thus decrease the numbers who qualify as junior practitioners each year. Are there, or are there not, too many pre-registration housemen? Are we, or are we not, training a sufficient number of medical students each year? These are problems which must soon be solved. The uncertainty they arouse is already being felt in school and family where decisions on the choice of a career are rendered daily more difficult in consequence.

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* *Brit. Med. J.*, Feb. 19th, 1955. Supplement p. 52.

We record with deep regret the death of Mr. Philip Turner, Consulting Surgeon Emeritus to the Hospital. He was well known and regarded with much affection and respect by a great number of Guy's men. To the older generation in particular his death is a severe blow as it severs a link with the Guy's of pre-1914 days. A Memorial Service was held in the Chapel on March 1st.

We publish an obituary on page 88.

In this issue we publish an appreciation of Dr. T. A. H. Munro who left us in the middle of last month to take up the new appointment in Edinburgh which we announced in our last issue. We now extend our warm congratulations to Dr. David Stafford-Clark on being appointed Physician-in-Charge of the Department of Psychological Medicine and also Director of the York Clinic. Dr. Stafford-Clark's work among us is so widely known and so generally appreciated that this appointment is sure to bring great satisfaction both at Guy's and in the wider professional sphere outside.

We congratulate Miss M. I. Wilcock, whom many of us remember as Sister *Diplock* up to 1949 and subsequently Lady Superintendent of the Evelina Hospital, on her appointment as Matron of the Whitehaven and West Cumberland Hospital. We send her our good wishes for her new appointment.

We note with interest that members of the Staff of the Medical School have taken a step towards the furthering of their social life. With Dr. and Mrs. F. H. Brain as host and hostess a most successful cocktail party was held last week. This is, we hope, the first of a long and successful series of social events which must serve to increase the already considerable friendliness between members of the school departments.

In an institution such as a Hospital or a Medical School no opportunity of increasing social contacts between members of specialised departments should be missed.

Disguised, or *You can't take it with you*—the Residents' Play this year proved to be a popular feature of the week just past and, judging by the applause which punctuated its hilarious passage, was an entertaining one too. In our next issue we shall publish a review together with some excellent photographs which have been taken by the Photographic Society. We take this opportunity of saying how much the ready help of the Theatre Club and of numerous enthusiastic individuals has been valued in putting on a show of this kind.

We believe that a good many complaints are being received from various people and in particular ambulance drivers, that they are having difficulty in entering the Hospital grounds and approaching the several entrances to the Out-Patient block and the Front Surgery because of the number of cars parked in Great Maze Pond. We do not think it is as generally known as it ought to be that free parking facilities are available in the large car park in St. Thomas's Street. As the cars parked in Great Maze Pond appear to be largely those belonging to members of the Hospital, it would greatly diminish the difficulties which the police experience if full advantage were taken of the large parking ground available.

The Clerk to the Governors tells us that continued obstruction in Great Maze Pond is liable to lead to police action. We do not envy the task of the police in keeping our roadways clear and it would seem quite unnecessary to add to their burdens when there appears to be so little excuse for cluttering up the roadway.

We should like to direct the attention of senior nurses to the appointments column on page 99.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Osteomyelitis.*
7th	M	1.00	Mr. Frank Law. Clinical Lecture. *Facial Asymmetry.*
8th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Rodent Ulcers.*
9th	W	4.45	Science Club. Dr. J. R. Trounce. *On the Clinical significance of Lipoproteins in Diabetes Mellitus.* Staff Common Room. Tea 4.30 p.m.
10th	Th	1.00	Mr. A. R. F. Thompson. Dental Clinical Lecture. *Conservative Dentistry.*
		5.00	X-ray Meeting. Gordon Museum.
		5.30	Pupils' Physical Society. Joint meeting with St. Thomas's Physical Society at Guy's.
11th	F	1.00	Dr. Maurice Campbell. Clinical Lecture. *Is the Heart Normal?*
		2.15	Combined Round. Pre-clinical Classroom.
12th	S	10.00	Mr. H. E. Lockhart-Mummery (St. Mark's Hospital). Departmental Round. Clinical Theatre.
12th	S		Rugby 1st XV *v.* London Welsh (H.O.P.).
14th	M	1.00	Mr. Murray Falconer. Clinical Lecture. *Some Aspects of Head Injuries.*
15th	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *Cholangiography.*
17th	Th	1.00	Dr. Christopher Hardwick. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
18th	F	1.00	Mr. D. M. MacDonald. Dental Clinical Lecture. *Dental Nerve Injuries.*
		2.15	Combined Round. Pre-clinical Classroom.
19th	S		Rugby 1st XV *v.* Gloucester (Gloucester).
21st	M	1.00	Mr. T. T. Stamm. Clinical Lecture. *Slipped Discs and All That.*

1955 RESIDENTS' PLAY RECORDS

Copies of the song selection, containing extracts from 8 of the musical items, will be available within a few days. These are ordinary commercial recordings, playable on any gramophone. In addition, the following five numbers are available in full: *French Duet (Dr. Sham and Dr. Faker); Dr. Sampson and Mr. Chassis; Love Song; Dr. Crock's Song; The Gaily-Coloured Guide Board.* These can only be played with a light weight pick-up.

Prices are as follows: Song Selection 12/6. Any two complete songs named above on one record 15/6. Orders and remittances should be sent to: Mr. Michael Vickers, c/o The College, Guy's Hospital. Records may be collected, on production of a receipt, at the Medical School Office after 10th March.

OBITUARY

AN APPRECIATION OF PHILIP TURNER, M.S., F.R.C.S., L.R.C.P.

Mr. T. B. Layton writes:

THE death of Philip Turner has come as a surprise. When we saw him in the chair at the biennial last autumn it seemed as though he still had many years before him. But which of us thought he was near to 81? He did not seem so much older than we were. As a young man he had seemed old, when he became old he seemed to grow younger every year, and at the age of 75 would do an acute appendix at Joyce Green in the morning, and be up in town lunching at the R.S.M., before the afternoon.

It used to be said, with what truth I do not know, that the 35 years rule for the staff was devised to keep Philip off it. If it were so fate decided otherwise, in my opinion fortunately for us. The unexpected retirement of Mr. Jacobson in 1905 resulted in Mr. Fagge coming on the staff then, and so letting in Mr. Rowlands when Lucas went off. The result was that Philip Turner got his chance when Golding-Bird retired, not long before he was 35. Even then there was opposition to him, but Sir Cooper Perry carried the day. He had been urging for years that he should not be re-appointed on the junior staff for the reason that there might turn up someone else that they wanted more. But when the time came and other names were mentioned, Sir Cooper said to them "No! you must in common decency put this man on the staff. You have kept him on all this time and cannot turn him off now that he has attained an age that he is unlikely to get any other post." There was always principle behind everything that Perry said or did.

Philip had already had a career upon the junior staff before this. He had been Medical Registrar 1902-1903, Demonstrator of Anatomy 1903-1908, Assistant Anæsthetist 1903-1907, and Clinical Assistant in the Throat Department 1906-1908. He was also Aural Surgeon to the Hospital from 1908-1910.

A great hospital like Guy's needs more types of men than those that become world famous. Some of these great men, like Howse and Lane, made no great mark as teachers, some, like Symonds were both great surgeons and great teachers, but we must ever have those who patiently and well do and teach the smaller surgery.

Into this position Philip Turner slipped, and, after being away at the war, took the place that Mr. Dunn's death had made empty. Both these men, every three months, took their dressers thoroughly through the principles of surgery, and both made a great point of hernia. A "John" Dunn or Philip Turner dresser should never have been ploughed if the examiner got on to hernia in the viva.

But Philip Turner did more than this: he also advanced the science of the surgery of hernia, by studying the undescended testicle, on which he had become an acknowledged authority when he went off the staff in 1933.

The big surgery he would not touch, and at least one physician thought him a poor surgeon because "he would not do anything big." The truth of the matter was that his judgment was too good. He was essentially a clinician. As a surgeon in a special department who needed from time to time an opinion from one on the general side, I found Philip Turner's the best that could be obtained. But in this refusal to do big surgery he may have been influenced by, and certainly had the support of, his corresponding full surgeon, Sir Alfred Fripp, who had strong views about the operations that were likely to kill patients with a slight chance of an occasional success, a view that Mr. Steward also held. This is not to say that Philip was a man easily led by others. Though it seldom came to the fore his will was as strong as any man's.

It was this approach to the surgery of cancer that led him to be one of the first to try methods other than the knife for dealing with this. This was a fearsome business, called fulguration, in which an electrician fitted up a great contraption that extended right across the old theatre and emitted sparks ten feet long.

Philip Turner had a serious mind, which supported a serious side in his nature and at the same time belied his humour. For he bubbled over with this, with a sly smile developing at the corners of his mouth as he approached, "What old Abe Lincoln . . ." the end of any anecdote he was telling. As a raconteur he was *primus inter pares* with Eason and one other who is still with us.

Philip was away for the whole of the first war at the great base hospitals just across the Channel in the area known to the army as "Eatables" (Etaples). When the second war broke out he was 67 and was given charge of the surgical department at Joyce Green. When this was begun to be set up as a war hospital there was great discontent among some young men there complaining that they had nothing to do. They seemed to think they must at once start operating on the wounded, before there were any wounded, or anywhere to operate. Against this mental attitude Philip Turner set his face, and gave all the help he could in the conversion of a hospital with a 1,000 beds from one of infectious disease, and therefore virtually a children's one, to one which took its share with the sick and wounded and bore the brunt of the enemy planes passing over. He also returned to teaching, quietly, to those who were under him as house-officers. More than one of these is thankful that he served under such a teacher at a time when the routine teaching of the school was very deficient.

Philip Turner will not go down to posterity as a great surgeon but no one who has loved Guy's ever loved it more or gave it more devoted service and, as Dr. Cameron says of Arthur Durham, he was never known by his surname only—Philip or Philip Turner he always was to everyone. In official correspondence only, by voice or writing, was he Mr. Turner.

PUPILS' PHYSICAL SOCIETY

The joint meeting of the St. Thomas's and Guy's Pupils' Physical Societies will take place at Guy's on Thursday, 10th March, at 5.30 p.m. Arrangements have been made to entertain thirty visitors and it is hoped there will be a good party of Guy's men to welcome our guests. The meeting will consist of clinical cases and discussion, with the usual sideshows of pathological specimens, X-rays and photographs. We hope to organize a special dinner in the College to be attended by members of both Societies. Tickets for this dinner, price 3/-, may be obtained now from Mr. Wallis in the Medical School Office. Notices concerning further arrangements will be found on the various Hospital and School notice boards.

D. C. Deuchar
F. G. Ellis } *Secretaries*

GUY'S HOSPITAL MOUNTAINEERING CLUB

The inaugural meeting of this Club was held on Thursday, 24th February. About twenty members attended and the President, Dr. E. J. Moynahan was in the chair. The plans of the Society were discussed and a provisional committee was elected consisting of:—

Miss P. O. Lane, Messrs: N. Ashurst, P. S. Boulter (Secretary), T. R. Cullinan, B. D. Pierce, M. Reeve.

It is hoped that meetings will start within the next week or so. A small party is going to North Wales on the 11th March, while a day on the sandstone climbs in the Tunbridge Wells area is being arranged.

Will anybody who is interested in the activities of the Club and who was unable to attend the meeting, please get in touch with the Secretary by way of the Front Lodge Rack or the *Gazette* Office ?

DR. T. A. MUNRO

AN APPRECIATION

Dr. T. A. Munro came to Guy's after a distinguished academic and professional career, in which he had studied at Harvard and Johns Hopkins Universities as well as at Edinburgh Academy and University. After a Beit Memorial Research Fellowship and a further period of productive research with Professor L. S. Penrose, F.R.S., at the Research Department of the Royal Eastern Counties Institution at Colchester, he took charge of a neurosis centre in the Emergency Medical Service before serving in the Army as consulting psychiatrist both at home and overseas. During the last victorious campaign of the 14th Army in Burma, he was consulting psychiatrist to the Allied Land Forces in South East Asia with the rank of Brigadier, and was later transferred to India in a similar appointment. He arrived at Guy's in early 1947, when he was appointed Physician in Psychological Medicine to the Hospital, and also appointed to the Directorship of the York Clinic.

In almost eight years his enthusiasm and unsparing services to Guy's have been marked by a greater development and extension of the clinical teaching of psychiatry in the Hospital than has been seen at any time in its previous history. With this has come an increasing integration of the work of the Department of Psychological Medicine with all the other clinical departments, together with the most welcome emergence of knowledge and interest in the subject, from the earlier and illusory seclusion of a special department, to the wide and broad front of medical teaching and work in the Hospital as a whole. Dr. Munro has consistently dedicated himself to bringing about that unity and friendly co-operation between psychiatry in a teaching hopsital, and all the other aspects of medical and surgical endeavour, which was always the ideal pursued by Dr. Gillespie, to whose fame and kindly genius the establishment of the York Clinic at Guy's is a lasting memorial.

In translating the immense potential value of a modern and admirably equipped psychiatric in-patient unit into the continually developing practical advantages of co-operation and understanding which now exist, Dr. Munro has built nobly upon imaginative foundations. He will take with him to his new appointment as Physician Superintendent to the Royal Edinburgh Hospital for Nervous and Mental Disorders the good wishes and gratitude of all his colleagues on the staff and in the Hospital, and will leave behind him the memory of a warm and genial personality and the example of a consistent concern for patients and unsparing devotion to their interests which will be deeply valued by all of us who have worked with him.

D.S-C.

GUY'S HOSPITAL PHYSIOTHERAPY AND RADIOGRAPHY REUNION DANCE

The Reunion Dance will be held on Friday, 18th March, from 8 p.m.—12 midnight. Double tickets 10/-. Bar and Buffet inclusive. Evening Dress.

We would like to take this opportunity of thanking Matron very much for kindly allowing us to hold it in The Nuffield Nurses' Home.

Tickets are obtainable from the Physiotherapy and Radiography Departments, Guy's Hospital.

THE IMPORTANCE OF TECHNIQUE IN SURGICAL TRAINING

Introductory remarks to an illustrated lecture given at Guy's Hospital on 14th October, 1954.

By JOSEPH H. BOYES, M.D.

Assistant Clinical Professor of Surgery, University of South California, President American Society for Surgery of the Hand.

LADIES AND GENTLEMEN,—If surgery, as the word implies, is essentially a manual art, then the three elements common to all the manual arts must also apply to surgery. These are a knowledge of materials, an understanding of principles and a specific technique. As the painter must know his colours, the builder his stone and wood, so the surgeon must be well grounded in anatomy, the materials with which he works. The artist's knowledge of the principles of perspective and the builder's familiarity with design appropriate to his materials can be compared to a surgeon's understanding of the indications for or against a specific surgical procedure as applied to the conditions present. The third element, technique, makes it possible for the craftsman to manipulate and mould, by means of the hands, the materials according to a predetermined plan. All three elements are equally important and even synergistic, for the result is the product rather than the sum of the interdependent parts.

Surgical skill is not something that comes by wishful thinking. Dexterity in surgery can be developed during a residency or apprentice period, but training and practice are not sufficient. An inherent talent must be present. Some means to identify this native trait in the student is needed, or rather a method of recognizing the lack of it so that such individuals can be guided into other phases of medicine, saving years of wasted effort on their part and that of their preceptor.

There was a period in the development of surgery when manual dexterity was of first importance, one might say the only requirement. The number of procedures was limited and " physicians " as distinguished from " barbers " were the educated group. The modern surgeon is expected to be as well trained in the basic sciences as is his medical confrère, but still retain his manual skill.

Our purpose here is to emphasize technique, not at the expense of anatomy and principles but to point out the importance of its relationship to those elements. The surgeon competent in all three elements of the craft demonstrates their synergistic relationship. He is able, based upon the knowledge of materials and principles, to conceive new ways of meeting a problem and to establish new techniques for the accomplishment of the desired result. In this way surgery develops and new procedures are made available. We who use these techniques must follow the indications carefully and carry out the technique in detail, if the result is to approximate that of the author. If our result does not measure up to the standard, either the indications or the technique was wrong. It is not fair to blame the author. No home-owner would blame an architect for cracked walls and sagging floors because the workmen failed to use the level and the plumb line.

Surgical craftsmanship can be improved by a better selection of men at the start of the training period. The psychologists could probably help us with tests to determine a man's capability for manual art, as is presently done in some dental colleges. These tests should not only determine the muscular co-ordination of the individual, but something of his ability to express with his hands the conception of an idea ; for the surgeon is not a copyist like the " artist " in the museum who repeatedly copies the old masters.

Once started on a training programme, emphasis should be placed on exercises and the development of dexterity in the use of tools. Illustrations of clinical records should be encouraged to stimulate drawing. Look at the clinical records done as a student and interne by Harvey Cushing as an example ! Clay moulding and wood carving are good hobbies. In orthopædic surgery what better training could be found than a period in the brace shop? Woodworking is an excellent training ground for the bone surgeon, hard maple and bone having about the same density. A little experience in work such as this would result not only in an increased manual dexterity, but a better understanding of engineering principles.

As a final step, a period of apprenticeship is almost a necessity, for only there is learned that delicacy of judgment which marks the master surgeon.

In his day Sir Charles Bell saw the danger of over-emphasizing one phase of study when he said, " I acknowledge that in the dissecting room the student learns the elements only ; that to let loose upon the world a surgeon whose education has been confined to dissection is arming a man bereft of reason. He is accustomed to using the knife ; and desirous of doing it on all occasions ; dexterous he may be, but he has not studied the structure farther than it has reference to the dead body ".

Let us then not over-emphasize any one of the three elements, but give each its just share.

AN INTRODUCTION TO GENERAL PRACTICE

(III)

By N. G. NICHOLSON, M.B., B.S.

IN general practice, a doctor performs the major part of his work in his consulting room, and it is therefore necessary that his facilities should be as convenient as possible.

In this article, I propose to deal with what I consider to be ideal working arrangements for consulting. Naturally it is impossible to achieve ideal conditions in a very small house, or where the existing buildings do not lend themselves to adaptation. Many doctors only have a consulting room and waiting room. This subject has been studied in a recent survey by Dr. Stephen Taylor, which should be perused by every member of the profession, especially those preparing to enter general practice.

The lay-out is as follows:—

1. Consulting Room

The Consulting Room is the most important room in the suite, and must therefore be given priority for lighting, freedom from noise, and suitability of size. It is best to have it on the side of the building, away from the traffic. A southern aspect is not always the best, as sometimes the sun is too bright and the room gets overheated in summer. The room should be decorated to suit the taste of the doctor, and be bright and cheerful. It should contain a desk, a chair for the doctor, and at least two other chairs for the patients to sit on. Where there is no separate examination room, the consulting room will need a couch and a screen, and another chair by the couch for the patient to put his clothes on. The patient's chair should be facing the window so that the doctor can look at him in the best possible light. A flat-top desk may not have so many pigeon holes for forms, etc., but it can be placed in the middle of the room in the position best suited for it, whereas a roll-top desk or bureau must be put against a wall. The doctor's consulting room should also contain a locked cupboard for poisons, hand basin, sterilizer, and table for surgical instruments, unless these are used in another room *quod vide*.

2. Waiting Room

This needs to be fairly large with adequate heating and ventilation. The furniture should be simple in the form of comfortable chairs of the dining variety. There should be a table or two for periodicals, and a floor that is easy to polish and keep clean. Soft furnishings will soon be ruined by children and people who have come straight from a dirty job. It is better to have a polished floor that can be kept smart rather than a carpet that is always dirty. The waiting room has a buzzer in it for calling the next patient.

3. Entrance Hall

The patients enter the hall through a double outside door. Here they are interviewed by the secretary, and their medical records extracted from the filing cabinets, if they wish to see the doctor. In many instances, however, they only need to see the secretary in order to obtain a repeat prescription or request the doctor to visit a patient, or one of the many other enquiries which the secretary deals with as a routine. The hall has doors leading to the waiting room, the consulting room, an exit from the examination room (where present), and some means of communication with the Records Office. This will consist of a hatch or counter

4. Medical Records Office

A single-handed general practitioner with a list of less than 2,500 patients could often manage to get out each patient's medical record envelope for the purpose of keeping notes when he sees him, but when the number of patients is greater, it is essential to have a secretary receptionist. The usefully employed secretary may be just as busy as the doctor himself, and to make full use of her, she must have a proper office. The office must dominate both the entrance hall and the waiting room so that the secretary can control the flow of patients the whole time without leaving her office. Ideally she wants a counter in the hall and a hatch overlooking the waiting room. The office will contain filing cabinets for the medical record envelopes, and the telephone switchboard with an extension through to the doctor's residence and consulting room. A secretary thus equipped will perform the following functions:—

(*a*) Getting out the patients' medical records as they arrive.
(*b*) Take all telephone messages and only put essential calls through to the doctor.
(*c*) Issue repeat prescriptions, as a patient must have a fresh prescription every time a renewal is required under the National Health Service.
(*d*) Fixing the order in which the patients see the doctor.
(*e*) Filing hospital and consultants' letters.
(*f*) Preparing the day's visiting list.
(*g*) Typing letters and dealing with all the clerical matters involved in the practice's administration.
(*h*) Working the appointment system where it is employed.

5. Examination Room

This is entered by a door from the consulting room so that the doctor can go backwards and forwards without being seen from the outside. All it need contain is an examination couch, blankets and a chair. The patient can be sent into this room to undress while another patient is brought into the consulting room for interrogation. As only a small proportion of the patients have to be examined in actual practice, the patient who has been brought into the consulting room can usually be dealt with while the other patient undresses and waits on the couch. The doctor can then go into the examination room when it is convenient, and examine the patient. When the patient is dressed, he can either be brought back into the consulting room to finish the consultation, or, if the consultation is completed in the examination room, he can leave by the separate exit when he is dressed. The examination room used in this way is an enormous time saver as many patients are slow at dressing and undressing, and do not like being hurried. It can also be used to save time taking a patient's temperature, and at the same time seeing another patient. Where there is an examination room there is little need for a couch in the consulting room.

6. Lavatories for patients

It is essential where children and sick people are waiting to provide them with a toilet, and the Cohen Report also stresses the need for a patients' hand basin.

Group Practice Centres

Where more than one doctor works in partnership, it is convenient to have their consulting rooms together. By this means it is possible to share ancillary help, the waiting room and other facilities already described. It also has the advantage that where one doctor is on holiday or off duty, his records are immediately available to his partners.

The Waiting Room

The waiting room will need to be slightly larger, and will require a system of coloured lights connected with the buzzer in such a way that the patients can see which doctor is ready for the next patient. It is especially important that the secretaries can see the patients from their office, so that they may fore-warn the patients as to when it is their turn.

Medical Records Office

The size of this room will be in proportion to the size of the practice. Where it serves more than one doctor, it becomes the very hub of the practice. It is true to say that in practice it needs to be larger than estimated. More than one telephone line will be necessary, and where the exchange is automatic, two serial numbers are advisable.

Examination Rooms

There should still be one of these to each consulting room, as sharing will invariably lead to delays.

Clinical Room

Where there is more than one doctor in group practice it is sometimes considered convenient to have a separate room laid aside for minor surgical procedure and clinical testing, such as urines. Where a nurse is employed to give injections of penicillin, liver, etc., this room is her domain.

Heating

The most economical method of heating in the long run is central heating, but unfortunately the initial outlay is very heavy. Electric and gas heating are the cheapest to fit, but are more expensive to run even if the heating is only switched on during consulting hours. All the rest of the time when it is switched off, condensation accumulates on the walls, and everything feels damp. Hot water to the hand basin is best provided centrally and not by a small geyser, as these are always troublesome and need frequent attention. If they are heated by gas, fumes are given off unless they have an outside vent.

THREE MORNING SURGERIES IN GENERAL PRACTICE

By R. H. ROBINSON

When on holiday in South Wales recently, I was able to persuade a general practitioner to let me spend three consecutive mornings with him at his surgery.

My reasons for wishing to spend a busman's holiday were fivefold :—

1. How many patients are seen each morning and how much time is spent with each patient?

2. What are the illnesses seen, the type of patient and the doctor-patient relationship?

3. How many patients are sent to hospitals for further investigations and treatment?

4. How much of the G.P.'s time is ill used?

5. What records of patients are kept?

Dealing with each in turn :—

1. The days I attended were Monday, Tuesday and Wednesday in the first week in September last and I saw 22, 16, and 31 patients respectively and the total time taken in consultations was 4 hours and 40 minutes. This works out at just over 4 minutes per patient—i.e., 25% longer than the 3 minutes allotted to each patient by the lay press.

Some patients obviously needed a longer consultation, e.g., those with respiratory complaints than those with less significant complaints, e.g., an insect bite!

2. The type of complaint that these patients were enduring can be seen listed in the accompanying table.

What impressed me most and made my visits all the more enjoyable, was the "mixed bag" of patients, that is to say medical, surgical and other problems all presenting on the same morning differing so much from the 3 months surgery or 3 months medicine which the student is so accustomed to in hospital life.

Out of the 69 cases I saw 11 were concerned with the respiratory system—even though it was still autumn, 11, surprisingly enough to me, presented with skin lesions and 10 with cardiovascular symptoms and a further 10 with alimentary system symptoms. Even though this forms the bulk of the cases every system excluding the endocrine system was represented.

The type of patient seen was very similar to those seen at Guy's, that is to say a very varied attendance. The most noticeable difference perhaps, was that the London accent was changed for a Welsh one!

One is led to believe both by G.P.'s and the lay press, that the National Health Service is killing the "family doctor" idea, but to me the patient-doctor relationship is much more prominent in general than hospital practice. My impression was that the patient felt more at home with the G.P.—perhaps that was because there was not a ring of students around him, no nurses to come in and then go out of the surgery continually and the noise one meets with in any hospital Out-patients Department is missing from a G.P.'s surgery.

It was also interesting to note that there were 42 male patients seen as compared with 27 female patients, and that 15 of the patients were 14 years old or under.

3. Contrary to my expectations very few patients are sent to hospitals for treatment and investigations—at least, from this practice the rule being that only where surgery and medicine too big to be undertaken at the surgery or at home, or an investigation which is necessary to establish a diagnosis is needed, are patients sent to hospitals. I was told, and I think quite rightly that a patient comes to his or her doctor for treatment—not to be referred to a hospital. Thus hydrocœle, sebaceous cysts, lacerations, etc., are treated surgically if necessary at the surgery.

During my visits to the surgery the following patients were sent for investigations :—

a. Barium meal for suspected duodenal ulcer.

b. E.E.G. for suspected Grand mal epilepsy.

c. Eye testing for 4 patients.

4. I found little evidence that G.P.'s time was wasted unnecessarily. Some cases, i.e., 3 of the 4 patients requesting forms which would enable them to have their sight tested for spectacles had already had this done some time previously under the N.H.S. so did not require a second form.

One patient was told by a firm of surgical appliance makers that they could not supply a truss as bilateral inguinal hernia was written on the prescription form and not right and left inguinal herniæ as they would have liked. This surely is time wasting though not due to the fault of the patient. It amused me a little to see that just after each morning surgery had finished, one or another of the local chemists wishing to know what was written on the prescription paid us a friendly call.

5. The patients' records I discovered, were in this case kept fully and efficiently.

Each patient on entering the waiting room gave his or her N.H.S. card to the receptionist and then looked up the folder in question. This consisted of an envelope type card about 8 inches by 5 inches. The patient's name, age and address was recorded on the front of each card and the rest of the space was available for making notes. When all available space was used a new card would be placed into the envelope. In this way a complete record of all attendances to the surgery and of visits by the doctor to the home was made, and each diagnosis and treatment recorded with subsequent progress.

Although I had seen a great many cases of both interesting and mixed ætiology, I was reminded that the day's work had not finished—calls to be made, evening surgeries to attend and maybe night calls to make—especially the calls where the acute illnesses are seen, and as often as not the chronic, but nevertheless of interest to the G.P. or of concern for the patient and family.

ANALYSIS OF CASES

System Concerned	Diagnosis	Sex	Age
ALIMENTARY SYSTEM	Haemorrhoids—1st Degree	M	57
	,, ,,	F	25
	3rd Degree	M	40
	Peptic Ulcer (Confirmed)	M	51
	(Unconformed)	M	36
	,,	M	39
	Gastric Carcinoma with Spinal Deposits (Confirmed)	M	76
	Anal Fissure	F	8/12
	Diarrhoea	M	2
	Vomiting	F	1½
RESPIRATORY SYSTEM	Chronic Bronchitis	M	59
		M	72
		M	45
		M	58
		M	64
	Laryngitis	F	38
		M	10
	Allergic Rhinitis	M	22
	Carcinoma of Lung (Confirmed)	M	83
	Pharyngitis	M	19
	Coryza	F	25
CARDIO-VASCULAR SYSTEM	Hypertension	M	53
		F	54
	Angina Pectoris	M	60
	Congenital Heart Disease	M	56
	Phlebitis	F	42
CENTRAL NERVOUS SYSTEM	Epilepsy	F	33
		F	8
	Backwardness	M	12
	Nervousness	F	43
GENITO-URINARY SYSTEM	Varicocele	M	14
	Phimosis	M	48
EARS	Otitis Externa	M	8/12
	,, ,,	M	16
	,, ,, (Following Syringing)	M	26
	Otitis Media	F	40
	Cerumen Ear	M	23
	Request for Deaf Aid	M	60
EYES	Request for Eye Testing	M	56
		M	42
		F	30
		M	14
	Hysterical Ocular Paralysis	F	64
SKINS	Insect Bites	F	40
		F	15
		F	22
	Scalds and Burns	M	18
		F	7
		M	4
	Impetigo	M	1 3/12
		M	2
	Sweat Rash	F	7
	Tinea Capitis	F	60
	Pediculosis	M	6
TEETH	Caries	M	45
	Erupting Tooth	F	8/12
	Haemorrhage following Dental Extraction	M	35
INFECTION	Infected Abrasions	F	20
		M	18
	Stye	M	16
	Chronic Paronychia	F	75
	Hidrosadenitis	M	47
TRAUMA	Laceration of Finger	M	25
	Fall on Head	F	1 4/12
MISCELLANEOUS	Obesity	F	40
	Talipes-Equino-Varus	F	9
	Pregnancy	F	22
	Housemaid's Knee	F	49
	"Intercostal Rheumatism"	M	60

REVIEWS

Elements of Surgical Diagnosis. Revised by Sir CECIL WAKELEY. Cassell & Co. Ltd. Tenth Edition. *Price* 18*s.* 6*d.*

This is the tenth edition of Pearce Gould's textbook and it is seven years since it was last revised. The text is now much clearer and more readable. All the chapters have been rewritten and new chapters have been added on the chest, brain, and spinal cord.

This book is primarily written for the student. It is comprehensive and yet too brief, and there is little to indicate which conditions are common and which are rare. There are no drawings or photographs but the radiographs, although few in number, are good.

The disadvantage of a textbook of this nature is that it can only be used for reference, and, as such, it is sketchy. It is an advantage for a student to possess only one textbook of surgery and he therefore needs one which includes pathology and treatment as well as diagnosis.

The Elements of Surgical Diagnosis augments and perhaps usurps the place of the registrar's round.

C.H.K.

Aids to Histology. By G. H. BOURNE. Sixth Edition, 1954. Baillière, Tindall & Cox Ltd. *Price* 6*s.* 6*d.*

In this small book an attempt has been made to bring to the student's notice the increasing field of histology.

The chapter on fixation and staining is very short and would be much improved by the inclusion of a simple example, which would help to simplify the understanding of the final result as seen under the microscope.

The sections on general tissue structure are well set out and liberally illustrated with simple diagrams. The regional histology is also adequately dealt with. The functional aspect has not been omitted, as for example in the section on bone, not only is the structure explained, but the formation, growth, repair and function are also discussed.

It will make an excellent introduction to those who wish to pursue the subject further and will serve equally well, those who seek a means of quick revision.

I.C.P.

SPORT

BOXING

At Seymour Hall on Tuesday, 15th February, Guy's won the Inter-Hospitals' Boxing Cup with an aggregate of 20 points, thus retaining possession of a trophy that has been at the Hospital since 1939.

Much credit for this performance must be given to Mr. Reg Tucker the boxing instructor who has worked with great enthusiasm in preparing the team for this event. The Club would also like to express their appreciation to Mr. G. A. R. Winston for his unfailing help and encouragement throughout the season.

A word of warning. The team is now comprised mainly of senior students who will not be available much longer and unless there is an influx of new potential talent the task of maintaining the standard and holding the cup will become most formidable.

The championships at Seymour Hall were supported by eight special contests between outstanding club boxers of International and high club standard. These were arranged by the Repton Boxing Club.

FINALS

Flyweight and Bantamweight: No entries.

Featherweight: R. Stevenson (St. Thomas's) beat M. Reeve (Guy's) on points.

In the semi-finals Stevenson had outpointed G. Cox (St. Bart's) and Reeve had beaten D. Gallivan (Guy's) in the 1st round.

Stevenson boxed beautifully throughout and landed frequently, especially with the left hand, but Reeve took several blows on his arms and gloves and retaliated vigorously on occasions, without however disturbing Stevenson's poise and rhythm. Reeve put up a most excellent and courageous performance which earned him a special prize of being the best loser of the evening.

Lightweight: R. Skinner (London) beat R. A. Peebles (Guy's) in the 1st round.

Having beaten A. Jones (Guy's) on points in the semi-final, Peebles had the unfortunate experience from the first bell of receiving a barrage of blows that came from all angles like an avalanche without pause. Under such an onslaught he was knocked out early in the first round.

Light Welterweight Semi-Final: L. B. Lux (Guy's) lost to F. Wright (St. Mary's) F. Wright (St. Mary's) walk over. A. Bell (London) scratched.

Welterweight: J. G. Allardice (Guy's) beat J. Charters (St. Thomas's) in the 1st round.

Not a blow was wasted by Allardice. His timing and accuracy of punch with solid lefts and rights were perfect examples of correct delivery. One damaging right to the heart would have done credit to any champion. His opponent was soon in poor shape and the referee stopped the contest. An excellent performance on the part of Allardice.

Light Middleweight: C. Western (London) walk over.

Middleweight: A. Atkinson (Guy's) beat P. De Buse (London) on points.

In the semi-finals Atkinson had beaten J. Morrison (St. Bart's) fairly comfortably on points and De Buse had an easy first round win over J. O'Donnell (St. Mary's).

Atkinson had no easy task in resisting the efforts of De Buse to force the contest but by clever counter punching he kept his opponent at bay and returned to the attack with a succession of good scoring left hand leads. It was thrust and parry by both boxers for most of the contest with Atkinson keeping slightly ahead. Both boxers appeared to tire in the final round but Atkinson remained calm to the end. A special prize was awarded to Atkinson for the best Hospitals' boxer of the evening.

Light Heavyweight: D. Blatch (St. Thomas's) beat M. Darroch (St. Mary's) on points.

These two boxers had a hard journey and were presented with special prizes awarded to the contestants in the best Hospitals' bout of the evening.

Heavyweight: D. Howard Allen (Guy's) beat J. Mallett (St. Mary's) on points.

With a weight disadvantage Howard Allen could not afford a contest at close range. This he avoided by cleverly withdrawing from his opponent and relying on counter punching. Mallett's furious right hand deliveries spelled danger on occasions but Howard Allen's footwork enabled him to avoid the full impact of the blows. Patiently waiting his opportunity Howard Allen scored at frequent intervals with sharp lefts to the face but only rarely was he able to introduce his right. Howard Allen's performance was a combination of correct punching, quick-thinking, good use of the ring and anticipation of his opponents movements. A very close contest with Howard Allen a narrow winner.

A feature of this year's championships was the improvement in the standard of boxing. Every boxer endeavoured to "box" and not "fight" and in consequence there was practically no wild swinging of the arms and very little holding.

The score sheet.

Guy's ..	20 points	(3 champions)
London ..	9 ,,	(2 ,,)
St. Thomas's	9 ,,	(2 ,,)
St. Mary's ..	8 ,,	(1 ,,)
St. Bart's ..	2 ,,	

The special prizes mentioned in the reports were lighters presented by Ronson's Ltd., to whom we are much indebted and grateful.

RUGBY FOOTBALL

2nd Round Hospitals' Cup

Guy's *v.* Westminster

17th February, 1955

Won 6-0

Guy's showed better form in overcoming a fairly formidable obstacle in the second round of this year's cup competition. On a ground which was only just playable as a result of recent snow the spectators were entertained to a really fast and open cup-tie and credit must be given to the players of both sides who provided us with some very nice football on a very treacherous pitch.

Guy's forwards were considerably better in all phases of the game, being specially prominent in some neat foot rushes and following up. In this respect Lillicrap, Russell and Cooke deserve special mention and Cooke in particular saved many menacing situations by quick falling on the ball. Considering that the Westminster forwards were nearly a stone a man heavier we had a good percentage from scrums and lineouts. A feature of the game was the outstanding hooking of Labuschagne throughout which helped in no small way in our success. Among the backs the return of Hackett had a steadying influence on the side and though he received quite a hammering in the earlier part of the game he distributed the ball well and made some very nice breaks on his own. Leyshon on the wing acquitted himself very well particularly in running and tackling and took his one scoring chance beautifully.

The earlier exchanges were equal but later on in the first half Guy's began to assert themselves and we saw some very nice movements by the Guy's backs. Hawley made one glorious break through but his inside pass was not taken and on another occasion James had a clear run on the left wing but was tackled by the Westminster full back. Shortly afterwards, Hawley in attempting a drop goal sliced his kick to the left and James was up in a flash to drop on the ball over the line. The kick failed.

Guy's began the second half three points up and the opposition piled on the pressure but the Guy's defence line held firm. Some good work by the Westminister's heavy forwards were wasted by some inept play by their backs and Guy's had no difficulty in holding them. However, the issue still remained slightly in doubt until a glorious movement which started near the Westminister 25 and was carried on by forward and backs and resulted in Fairweather giving a nice scoring pass to Leyshon who took it at full speed and made straight for the corner flag. The kick again failed.

Guy's have now reached the semi-final and await the winners of the St. Mary's—Middlesex tie.

Team: G. D. Thomas; E. O. James, M. Lindsey, R. T. Hawley, J. Leyshon; G. W. Hackett, R. K. Knight, D. K. Fairweather, N. A. Labuschagne, J. S. Van den Berg, D. Smith, R. Morgan, D. Lillicrap, S. A. R. Cooke (Capt.), M. A. Russell.

CHESS CLUB

Matches played to date:

Guy's *v.* Finchley C.C.	Lost	1½–4½
Guy's *v.* Atheneum C.C.	Won	4½–1½
Guy's *v.* Willesden C.C.	*Draw*	3–3
Guy's *v.* Bart's. Hospital C.C.	Won	3½–2½

This latter match was played in the 1st. round of the Inter-Hospitals' Challenge Cup Competition.

Guy's meet University College Hospital in the next round.

TABLE TENNIS

Guy's *v.* Imperial College III

18th February, 1955

Won 7–3

Team: A. A. Akiwumi, P. Kurland, W. F. Jaworski.

HOSPITAL INFORMATION

APPOINTMENTS

UNIVERSITY OF LONDON

Examiners

M.B., B.S. Examinations, 1955

Medicine: Dr. W. N. Mann, Professor R. W. B. Ellis, Dr. E. R. Boland, Dr. E. C. Warner, Dr. K. S. MacLean.

Obstetrics and Gynæcology: Mr. G. F. Gibberd, Mr. T. L. T. Lewis, Mr. G. W. Garland.

Pathology: Professor R. Knox.

Surgery: Mr. S. H. Wass.

The List of New House Appointments will be printed in our next issue.

APPOINTMENTS VACANT

GUY'S HOSPITAL

The Board of Governors invites applications for the appointment of an **Assistant Physician** in the **Department of Psychological Medicine**, for attendance on five sessions per week. The appointment is of consultant status and applicants are required to hold higher qualifications. Applications, one copy, together with the names of three referees, should be submitted to reach the Superintendent, Guy's Hospital, S.E.1., not later than **25th March, 1955.** In accordance with Statutory Instrument No. 1259 of the National Health Service Regulations, canvassing members of the Board or Advisory Appointments Committee will lead to disqualification.

Applications are invited for the appointment of **Chief Assistant in the Neurological Department,** (whole-time, Senior Registrar grade). Duties to commence on 11th April, 1955, or as soon as possible thereafter. The appointment will be made for the period ending 30th September, 1956 in the first instance. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded with the names of two referees, not later than **17th March, 1955.**

Applications are invited for the post of **Ophthalmic House Surgeon,** Post-Registration, non-resident, for a period of six months from 1st April, 1955. Applications, one copy, accompanied by two testimonials, should be sent to the Superintendent, Guy's Hospital, S.E.1., on or before **15th March, 1955.**

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in Psychological Medicine** until 30th September, 1958.

The appointment will be made jointly by the Bodies concerned and will be held at the Regional Hospital in the Bexley Group until 30th September, 1957, and the final year will be at Guy's Hospital expiring 30th September, 1958.

The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1., not later than **18th March, 1955.**

NURSING APPOINTMENT VACANT

Senior Guy's Nurses with administrative experience may be interested in the post of Assistant Matron in charge of the Guy's Unit at the Orpington Hospital which is at present vacant.

Unlike the other appointments of the Assistant Matrons at Guy's Hospital, that of the Assistant Matron at Orpington is for an indefinite period, and for the information of the applicant it is envisaged that the Orpington Unit will transfer to New Cross within the next two years.

Particulars in respect of this vacancy can be obtained on application to the **Matron, Guy's Hospital, S.E.1.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

To Let

CHISLEHURST Self-contained furnished flat near station. 3 rooms, kitchen and bath. 7 guineas weekly. Box No. 91.

DENTAL SURGERY FURNISHED and equipped, available three days per week. Prepared to let on daily basis. 140 Harley St., W.1. WELbeck 2720.

CONSULTING ROOM First class, ground floor, in Devonshire Place, W.1. £300 p.a., to include substantial fittings, attendance and facilities. Box 89.

For Sale

WATSON SERVICE MICROSCOPE in Cabinet $\frac{1}{6}$, $\frac{2}{3}$, 1/12, oil immersion objectives. 3 Oculars, Leica adaptor. Boxes for 250 slides. Many dental sections, stains, books and accessories. £40. Box 85.

THOMA HAEMACYTOMETER, double-cell type in case, as new £2. Box No. 86.

DENTAL BOOKS. Parfitt & Herbert's "Operative Surgery" 5th Ed., £1. Bulleid's "Bacteriology" 2nd Ed. £1. Widdowson's "Anatomy". Vol. I, 7th Ed. £1. "Paradontal Disease". Fish 10/-. "Principles of Full Denture Prosthesis". Fish 10/-. Box No.87

DEATH VACANCY, Eltham, S.E.9. Small old-established dental practice with equipment and moderate-sized house, central position, private and N.H.S. work. Locum in charge Box No. 88.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

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Wanted

GUY'S DENTAL (Bognor Regis) requires receptionist with N.H. experience for newly equipped single-handed practice. Full details and salary required to Box No. 90.

WOULD West-country Guy's family exchange houses fortnight Aug/Sept.—Attractive country house 5 miles E. Grinstead. Please write: Colin Davis, L.D.S., Little Mead, Holtye, Nr. Edenbridge.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.D.S.

A. C. Campbell R. A. Mayhew

F.R.C.S.

Primary Examination

W. J. Prynn B. L. Whitaker

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CHANGES OF ADDRESS

John G. Dixon, L.D.S.R.C.S., from Westwood, Southbourne Road, Bournemouth to Anlaby House, Baker Avenue, Salisbury, S. Rhodesia.

N. G. Nicholson, M.B., B.S., Surgery address is now 50 Church Road, Ashford, Middlesex and phone number now 4041. Private address and phone unchanged.

E. F. Wilson, F.R.C.S., Moray House, Yelverton, Nr. Plymouth, Devon (Tel. Yelverton 439).

BIRTHS

BALFOUR-LYNN.—On 10th February, 1955, at Queen Charlotte's Hospital, London, to June, wife of Lionel Balfour-Lynn, M.A., M.B., B.Chir., a daughter (Alison).

BELLIS.—On 20th February, 1955, at Craig Benno, Bangor, to Avis (née Williams), wife of Gareth Bellis, M.B., B.S., a daughter (Janet Anne).

BUTCHER.—On 9th December, 1954, at Newport, Mon., to Margaret (née Dawson, S.R.N.), wife of Peter Butcher, a second son (Simon Richard).

CLARE.—On 19th February, 1955, at Guy's Hospital, to Heather (née Campbell), wife of J. R. C. Clare, a daughter (Alyson) a sister for Rosemary and Colin.

DAW.—On 18th February, 1955, to Sheila, wife of Geoffrey H. Daw, M.R.C.S., L.R.C.P., a brother for Peter and Patrick.

MIDDLEDITCH.—On 14th February, 1955, at Croydon, to Joan, wife of Dennis Middleditch, L.D.S.R.C.S., a son (John Neil).

TROUNCE.—On 22nd February, 1955, at Farnborough Hospital, Kent, to Ruth, wife of John R. Trounce, M.D., M.R.C.P., a daughter, a sister for Stephen.

WILLIAMS.—On 6th February, 1955, to May (née Finlay), wife of J. R. D. Williams, M.R.C.S., L.R.C.P., D.P.H., a son (Hugh Martin).

DEATH

ROSS.—On 3rd February, 1955, Harry Bruce Ross, L.D.S.R.C.S., of 41 Courtyard, Eltham, London, S.E.9.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1739 19th March 1955 One Shilling

PASSIM

Small Shopkeepers' Buff

THE tail of the medical lion has had another tweak. The latest of the pinpricks in that sensitive situation has been the work of an association of small shopkeepers. Probably many others shared our surprise that the whys and wherefores of preventive medicine were any part of the responsibility of such an organization. However, in these days of free (and worth not a penny more) speech, every union and meeting of tradesmen seems to dabble in other peoples' business. While we may regret this tendency, we have reluctantly come to realize that little can be done in protest.

The small shopkeepers essay in public health is simple. They suggest, apparently, that everyone who does not visit his doctor should obtain a rebate on his insurance payments for the year. We must suppose that they think that the money paid in N.H.S. contributions goes straight into the pockets of the medical profession. Evidently they do not realize that, comparatively, only a trickle of money comes to the doctors, while the greatest part of these early contributions goes to the fund for payment of National Insurance.

The really alarming inference is, however, that the nation's health should be turned into a kind of game—complete with cash prizes for avoiding the doctor. There are two essential features of the edifice of preventive medicine. One is an adequately organized medical service which should be constantly and freely available to the public. The second is a well informed, intelligent population, understanding fully the necessity to consult their doctor whenever they have any cause, mental or physical, for disquiet, Every doctor dislikes unnecessary work, but even the most harrassed of practitioners would prefer to see 50 people with trivial ailments rather than miss the chance of diagnosing and treating the 51st patient (who may have only trivial symptoms but a serious disease as cause). The point that the small shopkeepers should grasp is that the onus of evaluation of symptoms should not be put upon the patient by means of a financial lure.

Respectfully, we would suggest that such organizations should restrict their deliberations to those facets of life of which they have useful experience. We would not dream of discussing small shopkeeping for the very good reason that we know nothing about it. We think that there is a moral here. Obviously small shopkeepers can know little of medical policy. Do we need to say more?

A most delightful gesture followed the recent Guy's rugby victory over St. Mary's. Our erstwhile opponents, Westminster, sent a message of congratulation to the Guy's team immediately after the match. It is sporting gestures such as this which make inter-hospital sport so satisfying.

As we go to press we congratulate the London Hospital most warmly on winning the Inter-Hospitals' Rugby Cup. Our disappointment in losing the Final is tempered by the knowledge that we went down fighting a fine team. In our next issue we shall publish a full account of the great struggle—both on and off the field of play,

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During the past two weeks fifteen distinguished continental anæsthetists have been studying their subject in this country while attending a course organized by the British Council. They visited Guy's on several occasions where the arrangements were made by Dr. Helliwell.

GUY'S DIARY

MARCH			Exhibition. Department of Surgery. *Osteomyelitis.*
21st	M	1.00	Mr. T. T. Stamm. Clinical Lecture. *Slipped Discs and All That.*
22nd	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Peripheral Vascular Occlusion.*
24th	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Diarrhoea.*
		5.00	X-ray Meeting. Gordon Museum.
25th	F	1.00	Dr. W. J. H. Butterfield. Clinical Lecture. *Research in Diabetics.*
		2.15	Combined Round. Pre-clinical Classroom.
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* London Irish (H.O.P.).
28th	M	1.00	Dr. A. M. Hutton. Clinical Lecture. *Anaesthesia for Obstetric Operations.*
29th	T	1.00	Dr. A. B. Wayte. Clinical Lecture.
31st	Th	1.00	Mr. Grant Massie. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
APRIL			
1st	F	1.00	Dr. J. C. Houston. Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
2nd	S		Rugby 1st XV *v.* Richmond (Richmond).
4th	M	1.00	Sir Russell Brock. Clinical Lecture. *Lung Abscess.*

GUY'S HOSPITAL STUDENTS' UNION

Dr. Ralph Kauntze has been elected to the Presidency of the Union Council for the current year.

GUY'S HOSPITAL STUDENTS' CLUB

Notice is hereby given that the Annual General Meeting of the Students' Club will be held in the Physiology Lecture Theatre on Tuesday, 29th March, 1955, at 12.15 p.m.

A. G. PARKS,
Hon. Secretary, Guy's Hospital Students' Club.

OBITUARY

GREER EDMUND MALCOMSON, M.D., M.R.C.P.

Lt.-Col. G. E. Malcomson who died on 24th January, was born at Belfast in 1878. He was a member of a well known Ulster family and received his education in Manchester and later at Guy's, graduating M.B. in 1902 and M.D. in 1904. He joined the Indian Medical Service after doing appointments at Guy's and served until 1913 when he was appointed Professor of Physiology in the University of Hong Kong. During the first war he served in Mesopotamia, but in 1919 he returned to India as Superintendent of the Military Hospital at Karachi. In 1921 he transferred to the civil side of the Indian Medical Service and eventually became Professor of Medicine in the University of Madras. He retired in 1930 and devoted much of his time to literary work and he had for some years been a Governor of the Royal Free Hospital. He was a man of great physical fitness and at the time of death at the age of 76 he was on the point of leaving for Switzerland for a ski-ing holiday. We offer our sincere sympathy to his wife, a former Guy's sister, who survives him and to his nephew Mr. K. Malcomson, until recently, Registrar in the Ear, Nose and Throat Department at Guy's.

Thirty Years Ago

From Guy's Hospital Gazette, 14th February, 1925.

"THE CURSE" . . . We can unreservedly applaud the harmonious co-operation of management, producer (D. J. P. O'Meara) cast and orchestra, which resulted in a successful Residents' Play Colonnade opinion had varied as to the precise significance of the title; there were even those who asserted it was merely a convenient rhyme with "Nurse"; but speculation was soon laid to rest in an admirably written and admirably spoken prologue which parodied "The Jackdaw of Rheims," and explained the genesis of the play. From this prologue it appeared that the Padre, in revenge for the scurvy treatment he had received in his impersonation by the President of the Residents last year, had put a curse on that officer, a curse which cruelly reversed the ideal of the Boy Scouts and condemned him to the commission of one bad deed a day . . . Austin Severn, we learn, is engaged to Nurse Rosebud, the new Pro. in "Struth." He enters and is congratulated accordingly, only to deny the rumour with bitter allusion to the new rule which limits Junior Pros. to the Society of Ward Clerks. Never mind, says Staff Nurse Amelia in a Staff voice, "Love will find a way, if it's only the Subway" . . . All the personal references in the play were free from envy, hatred, malice and uncharitableness, but the Padre in the Prologue and the Matron in the Play got more than their due share of attention and like criminal juries claim exemption now for ten years, while the Medical and Surgical Staff who escaped so lightly this year are "for it".

In a Surgeon's letter received from East Anglia the other day.

My Guy's housemen and registrar have created the very strong impression that Guy's men are not only very kind and very capable, but infinitely conscientious. I am very proud of the reputation the Hospital has gained in the eyes of the nursing staff in these parts.

SAYINGS OF THE GREAT

A Surgeon:

I was bought up a hard school by Mr. S . . . He teaches that the way to work out mortality rates is to halve the cases you think you have done and double the cases you think have died. You will then get approximately the right answer.

With the best will in the world (which is synonymous with *medical* treatment) . . .

An Obstetrician:

If one is rarely mistaken rarities are more likely than mistakes but on the whole, in this world, mistakes are more common than rarities.

THE EVOLUTION OF ENDOCRINE DIAGNOSIS AND TREATMENT

The Addison Lecture

given at Guy's Hospital on 15th June, 1954

Part of the material in this lecture was included in an address before The American Academy of Pediatrics, on the occasion of receiving the Borden Award, October, 1953, *and published in "Pediatrics," May,* 1954.

By LAWSON WILKINS, M.D.
The Johns Hopkins Hospital, Baltimore, Md.

LADIES AND GENTLEMEN,—I consider it the highest honour of my life to be asked to give this lecture in memory of Thomas Addison and to be able for a short while to retrace his footsteps here at Guy's. I am indeed fortunate if I have been able to contribute a few words to the rapidly expanding volume of knowledge concerning the adrenal glands of which Addison inscribed the first chapter approximately one century ago. In the present day when some physiologists, chemists, internists and psychiatrists seem anxious to attribute every disorder of the body or the mind to malfunction of the adrenals, it would be well to recall the words of Addison, that sound, careful clinician and modest, cautious scientist. After his unsurpassed description of the signs and symptoms which he correlated with "a diseased condition of the suprarenal capsules", Addison wrote "*At the present moment the functions of the suprarenal capsules and the influence they exercise in the general economy, are almost or altogether unknown . . . But if the obscurity which at present so entirely conceals from us the uses of these organs, justify the feeblest attempts to add to our scanty stock of knowledge, it is not less true, on the other hand, that any one presuming to make such an attempt ought to take care that he do not, by hasty pretensions, or by partial and prejudicial observation, or by overstatement of fact, incur the first rebuke of those possessing a sounder and more dispassionate judgment than himself.*"

Clinical endocrinology had its beginnings in the classical descriptions of thyrotoxicosis by Graves in 1834 and Basedow in 1840, of adrenal insufficiency by Addison in 1854, of adult myxedema by Gull in 1873, and of acromegaly by Pierre-Marie in 1886. These clinical masters drew attention to the etiologic rôle of certain endocrine glands in the production of disease but they had little or no knowledge concerning the nature of the physiologic functions of the hormones which these glands secreted. Some of the disorders first described produced grotesque alterations in features, bodily contours and fat distribution. In the search for minor or different forms of endocrine disorders, less critical observers sought similarities or analogies in morphologic variations of body structure on which to base a diagnosis or invent a new syndrome. There seemed to be a tendency to forget that inherited traits, genetic mutations, intrauterine and postnatal trauma and non-endocrine, metabolic abnormalities might cause variations from the normal patterns of growth and development which resembled the endocrine syndromes. During the early part of this century some over-enthusiastic clinical endocrinologists forgot the precepts of Addison to avoid "hasty pretensions, partial and prejudicial observation and over-statement of fact" and diagnosis came to border on guesswork and treatment on charlatanism. Heavy supraorbital ridges became synonymous with hyperpituitarism, tapering fingers and pads of fat over the breasts and hips with Fröhlich's syndrome. If the various observations did not fit a single endocrine dysfunction, pluriglandular syndromes were invented. Some pharmaceutical houses were glad to aid by furnishing mixtures of pituitary, thyroid, adrenal, testis, parathyroid, thymus and even tonsillar tissue, and advertisements such as shown on the slide were supposed to help the less versatile physician in diagnosis.

In the meantime, understanding of the functions and interrelationships of the endocrine glands was being accumulated through the painstaking animal experimentation of various scientists beginning with Berthold, who transplanted the testis of the cock in 1849, and culminating with the isolation of the pituitary growth hormone and five pituitary tropic hormones of protein nature in the early 1940's. The organic chemists isolated and determined the structure of the steroid hormones of the ovary, testis and adrenal. Biologically potent steroids were synthesized and made available for the study and treatment of endocrine disorders. These made possible therapeutic triumphs ; but since harm rather than good could result from their indiscriminate or injudicious use, accurate diagnosis became more important than ever.

For correct clinical diagnosis and treatment it was necessary to develop methods for determining the amounts of hormones or their metabolites in the blood or excreta and for measuring the functional activity of the patients' various endocrine glands. In the 1920's and 1930's, the experimental biologists developed bioassay methods for measuring estrogens, androgens and gonadotropins in the urine. The chemists perfected simplified procedures for measuring different groups of steroids in the urine or the blood. In the late 1930's Fuller Albright, Allan Kenyon and other clinical investigators in my country and elsewhere were beginning to apply these methods to the study of patients. In addition the clinical investigation and metabolic study of the responses to the newer purified hormones were leading to the development of new clinical tests for endocrine dysfunction. I wish to discuss a few of these newer diagnostic methods merely to illustrate the principles behind them.

Interrelationships of the Endocrine Glands.

Knowledge of the interrelationships of the endocrine glands (Chart 1) is essential for the understanding of the modern methods of diagnosis and study. The clinical

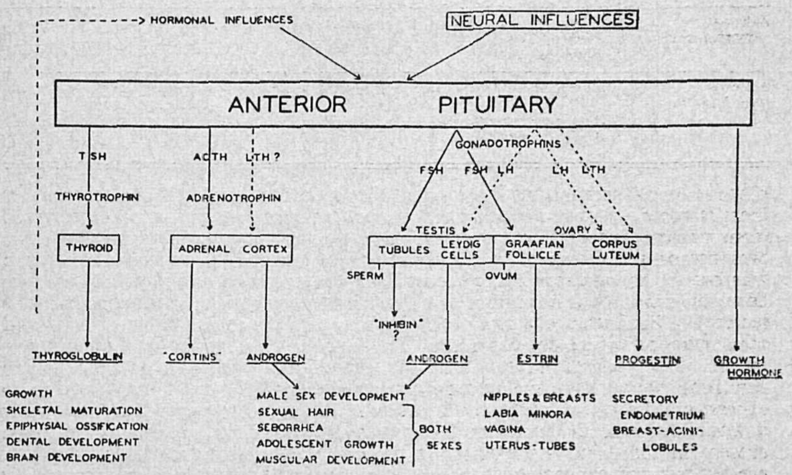

HORMONAL INFLUENCES
NEURAL INFLUENCES
ANTERIOR PITUITARY
TSH
THYROTROPHIN
ACTH
LTH ?
ADRENOTROPHIN
GONADOTROPHINS
FSH
FSH LH
LH LTH
THYROID
ADRENAL CORTEX
TESTIS
OVARY
TUBULES
LEYDIG CELLS
GRAAFIAN FOLLICLE
CORPUS LUTEUM
SPERM
OVUM
"INHIBIN" ?
THYROGLOBULIN
"CORTINS"
ANDROGEN
ANDROGEN
ESTRIN
PROGESTIN
GROWTH HORMONE
GROWTH
SKELETAL MATURATION
EPIPHYSIAL OSSIFICATION
DENTAL DEVELOPMENT
BRAIN DEVELOPMENT
MALE SEX DEVELOPMENT
SEXUAL HAIR
SEBORRHEA
ADOLESCENT GROWTH
MUSCULAR DEVELOPMENT
BOTH SEXES
NIPPLES & BREASTS
LABIA MINORA
VAGINA
UTERUS-TUBES
SECRETORY ENDOMETRIUM
BREAST-ACINI-LOBULES

FIGURE 1. Diagram showing interrelationships of the endocrine system.

manifestations of endocrine dysfunction are due to the action of too much or too little of one or more of the hormones of the so-called *target glands*—that is the thyroid, adrenals and gonads—or of the pituitary growth hormone, which acts directly on the tissues. The activity of these target glands is controlled by the anterior pituitary gland through the secretion of *thyrotropic*, *adrenocorticotropic* and three *gonadotropic* hormones. The anterior pituitary has a most important but poorly understood relation to the hypothalamus, so that lesions here may cause either inhibition or stimulation of the anterior pituitary. To discover the etiology of an endocrine disorder it is necessary to answer two questions :

(1) Are the clinical manifestations the peripheral effect of too much or too little of one or more specific hormone?

(2) Is this hormonal excess or deficiency due to a disorder in a target gland, the anterior pituitary or the hypothalamus?

For example, hypogonadism may be due to a primary gonadal defect, a disorder of the pituitary or a lesion of the hypothalamus. Cushing's syndrome may be due to adrenal tumor or hyperplasia, or to a pituitary or hypothalamic disorder.

Diagnostic Methods.

Table I shows a classification of diagnostic methods according to whether they are (1) clinical studies upon the patient, (2) bioassays for hormones in the urine, or (3) chemical measurements of hormones or their end metabolites in the urine or blood. It is apparent that to a large extent the answer to our first question, whether there is absent or excessive secretion of a particular hormone, can be obtained often from clinical observations and studies made on the patient. For example, the presence or absence of sexual hair and the size of the phallus or prostate indicate whether or not androgen is being secreted by the adrenals or testes. There are, however, times when it is important to know more exactly the amount of a hormone secreted. For instance, a girl of 4 or 5 years may develop coarse pubic hair.without other evidence of sexual development. This may be due merely to the early secretion of *normal* adolescent amounts of adrenal androgen—an entirely benign condition which we have called " premature pubarche "—or it may be due to *excessive* secretion of androgen by an adrenal tumor or hyperplasia. Obviously it would be desirable to determine by bioassay methods the amount of androgen present in the urine—or even better in the blood. Bioassay methods, however, are tedious and expensive. Fortunately, the chemists have devised comparatively simple methods for measuring a group of steroids—known as the 17-ketosteroids—which are metabolites derived from the androgenic steroids of the adrenal and testis.

TABLE I

CLASSIFICATION OF DIAGNOSTIC METHODS

Hormone	Clinical Observations and Tests	Bioassay (urine or blood)	Chemical Determinations
Pituitary			
Gonadotropin		*Uterus—immat. mouse*	
Thyrotropin		Thyroid—tadpole	
ACTH		Adrenal—hypophex. rat	
Estrogen	Breasts, labia, etc. *Vaginal smear* Endometrial biopsy	Vag. smear—castrate rat	Fluorogenic steroids
Progestin	*Basal temp.* Endometrial biopsy Vaginal smear		Pregnandiol (urine)
Androgen (Adrenal or testis)	Sexual hair Size of prostate, phallus	Prostate and sem. vesicles of castrate rat Comb of capon	*17-ketosteroids*
Adrenal Electrol. factor	Serum Na, K, CO_2, Cl *Diuresis Test* Neg. Na balance	Na retention of adrenalex. rat	
Adrenal CHO factor	Hypoglycemia—Fasting Insulin *ACTH→eosinopenia* *ACTH→corticoids*	Liver glycogen of adrenalex. rat	*Formaldehydo.-steroids* 11-oxysteroids Blood corticoids

Another example of the value of the quantitative measurement of the 17-ketosteroids is in the differentiation of male sexual precocity of the constitutional or intracranial types on the one hand from that due to gonadal or adrenal disorders on the other hand. As shown in Table II, in the former types there is a precocious activation of the normal pituitary gonadal mechanism. The pituitary secretes gonadotropins, which sometimes but not always can be detected in the urine. The gonadotropins cause the patients' testes to mature normally and spermatogenesis occurs. The Leydig cells of the maturing testes, secrete adolescent increasing to adult amounts of androgen. In contrast to this, when precocious puberty is due to a testicular tumor or to adrenal tumor or hyperplasia, excessive amounts of androgen, far above the normal adult levels, are secreted. These usually inhibit the secretion of pituitary gonadotropins so that the patients' testes generally remain immature and inactive.

TABLE II

DIFFERENTIATION OF VIRILIZING ADRENAL HYPERPLASIA IN MALES FROM OTHER TYPES OF SEXUAL PRECOCITY

	Male	Female	Characteristics		
			Gonads	Sex hormones	FSH
Neurogenic	Brain tumour Encephalitis Congenital defects of hypothalamus Hyperplasia of tuber cinereum Pineal tumours (usually male) Syndrome of fibrous bone dysplasia and pigmentation (Females)		Mature normally Gametogenesis occurs	Rise to adolescent or adult levels	Present
Pituitary Idiopathic Activation	" Constitutional type "				
Gonadal	Interstitial cell tumour of testis Teratoma?	*Ovarian tumours* Granulosa cell Teratoma Chorionepithelioma	Immature or atrophic (testes may contain adrenal tissue)	Excessive amounts	Absent
Adrenal	Congenital hyperplasia Postnatal tumour or hyperplasia	(Virilization in females)			

Another example of the diagnostic importance of 17-ketosteroid determinations is in the differentiation of female pseudohermaphroditism due to congenital adrenal hyperplasia from types of intersexuality unrelated to the adrenal in which there may be testes or combinations of ovaries and testes. In view of the successful treatment of adrenal hyperplasia with cortisone, it is most important to establish this diagnosis as early in life as possible. Female pseudohermaphrodites with adrenal hyperplasia are usually born with an abnormality of sex differentiation consisting of a hypertrophied clitoris and a persistent urogenital sinus communicating with vagina, uterus and tubes. However, the diagnosis cannot be based on these anatomic findings because the same abnormalities may occur in some types of genetic intersexes who have testes or ovotestes. As shown in Table III, in order to prove that the condition is due to congenital adrenal hyperplasia, it is necessary to demonstrate excessive secretion of adrenal androgen. This is possible within the first few weeks of life when the urinary 17-ketosteroids are elevated to levels of 2-6 mg. per day in infants with the adrenogenital syndrome, whereas in intersexes, as in normal infants, they are less than 1 mg. per day.

If we turn to conditions caused by hormonal deficiency the problem of diagnosis is somewhat complicated. Here again it is necessary to determine whether there is a primary disorder of a target gland or whether the gland fails to function because of lack of pituitary stimulation. As shown in Table IV hypogonadism may be due to a defect of the ovary or testis or to a lesion of the pituitary or the hypothalamus. It is most important to make this diagnosis because the methods of treatment may differ radically. This became possible only when in the early 1940's methods to assay gonadotropins in the urine were applied, the so-called follicle-stimulating hormone assay (FSH). Normally this hormone stimulates the Graafian follicle to produce estrogen, which in turn inhibits the secretion of excessive amounts of follicle-stimulating hormone by the pituitary. In the absence of the ovary, there is no estrogen to inhibit the secretion of follicle-stimulating hormone and large amounts are excreted in the urine. In pituitary deficiency, on the other hand, the production of follicle-stimulating hormone is decreased and little if any appears in the urine. As a result of the application of this test, the " syndrome of ovarian agenesis and dwarfism " and the primary disorders of the testes such as degeneration of the seminiferous tubules (Klinefelter's syndrome) were first recognized and can now be differentiated from sexual infantilism of pituitary origin.

TABLE III

DIFFERENTIATION OF FEMALE PSEUDOHERMAPHRODITISM DUE TO ADRENAL HYPERPLASIA FROM OTHER TYPES OF INTERSEXUALITY

	Abnormality of Embryonic Sex Differentiation	Evidence of Excessive Androgen				Response to Cortisone
		Excess Growth and Osseous Develop.	Precocious Sexual Hair	17-KS	DHIA*	
Congenital adrenal hyperplasia in females	Hypertrophied clitoris Urogenital sinus	+	+	+	0?	+
Genetic intersexuality with testes, ovotestes, or ovaries	Various abnormalities	0	0	Normal	0	
Adrenal tumour	None Later virilization and hirsutism	+	+	+	+?	0

*DHIA—refers to dehydroisoandrosterone or other steroids revealed by Allen "blue test".

In spite of the importance of these and other modern methods for biologic or chemical measurement of hormones in the urine or blood, the clinical observation and study of the physiologic responses of the patient remain the basis of good diagnosis as they were in the days of Addison. In fact the diagnosis of Addison's disease is made by studying the patient's electrolytes and his ability to conserve sodium. The carbohydrate-regulating function of the adrenal is determined by studying the patient's blood sugar during fasting. More recently the functional

TABLE IV

DIAGNOSIS OF TYPES OF SEXUAL INFANTILISM

	Male	Female	FSH	Sexual Hair and 17-KS	Other Characteristics
Neurogenic	Hypothalamic lesions Craniopharyngioma Glioma etc.		—	±	Obesity Stunted growth Diabetes insipidus
Hypopituitary	Panhypopituitary dwarfism		—	0	Dwarfism
	Partial pituitary deficiency		—	±	Hypoglycemia?
	Specific gonadotropic deficiency		—	± or +	Stuntedgrowth Normal, tall or eunuchoid
Primary Gonadal Disorders		Ovarian agenesis syndrome	+++	+	Stunted growth Mature features and epiphyses
		Arrested development of ovary?	+++?	+	
	Testicular dysgenesis? (Del Castillo)		+?	+	
	Degeneration of tubules (Klinefelter's syndrome) Mumps orchitis X-ray, etc.	Degeneration from disease, etc.	+++	+ or ±	Variable habitus Gynecomastia in some
	Castration	*Castration*	+++	± or +	Tall, *eunuchoid*

capacity of the adrenal has been studied by giving the patient ACTH and studying the effect on the circulating eosinophils and the excretion of corticoids.

Similarly the diagnosis of hyperthyroidism or hypothyroidism in childhood is still made best by a careful *clinical study of the patient* evaluated in the light of a thorough knowledge of the actions (Table V) of thyroid hormone on the various functions of the body. In hypothyroidism there are physiologic changes, such as general sluggishness, circulatory impairment and intestinal inactivity, combined with retardation of growth and development to give a characteristic clinical picture. The presence of epiphysial dysgenesis which is due specifically to thyroid deficiency makes the diagnosis even more certain. Hypercholesterolemia when present is important corroborative evidence. In childhood the B.M.R. is usually useless or misleading. The determination of the protein-bound iodine of the blood by the method devised by Barker in 1948 when carried out properly is a reliable laboratory procedure to confirm the diagnosis. Yet I would rarely, if ever, hesitate to make the diagnosis on clinical findings alone. The study of radio-iodine uptake is of no value in itself as a measurement of thyroid dysfunction. On the other hand, the I^{131} uptake is an important tool in the study of the mechanism of thyroid deficiency and the recognition of different types of etiology. Recently some cases of congenital cretinism have been shown to be due to an inborn defect of the ability of the thyroid gland to convert inorganic iodine into thyroid hormone rather than to absence of the gland or lack of iodine. Additional chemical studies of the nature of the organic iodine compounds in the blood are required to determine at what point the hormonal synthesis is blocked.

TABLE V

DIAGNOSTIC METHODS FOR STUDYING THYROID DISORDERS

Hormone	Clinical Observations or Tests	Bioassay Urine or Blood	Chemical Determinations
Thyroid (Thyroxine)	Physiologic changes Growth and development Epiphysial dysgenesis Serum cholesterol BMR I^{131} uptake	Metamorphosis of tadpole	Plasma PBI I^{131} fractions in plasma
Thyrotropin (TSH)	Effect of TSH on I^{131} uptake	Thyroid of tadpole	

The methods of determining whether a thyroid dysfunction is due to a primary disturbance of the thyroid gland or is secondary to a disorder of the secretion of pituitary thyrotropin require further perfection. There are two methods of approach. One is to assay the level of thyrotropin in the patient's urine or blood. Since 1938 various methods of thyrotropic hormone assay have been applied to clinical diagnosis but none has been very satisfactory. A recent method depending upon the injection of a small amount of a patient's serum into a tadpole and the study of the histologic changes in the thyroid seems promising. The second approach to the problem is to inject the hypothyroid patient with thyrotropic hormone and then determine whether this causes an increased uptake of I^{131}. Absence of iodine uptake before the administration of thyrotropic hormone and a normal uptake after its injection suggest that the hypothyroidism is due to deficient secretion of thyrotropin by the pituitary. However, a negative response does not necessarily prove that there is a primary disorder of the thyroid gland, since long-continued deficiency of thyrotropic stimulation might lead secondarily to atrophy of the gland to a point where it is no longer capable of response.

New Trends and Problems of Treatment.

I wish to turn now to a brief consideration of some of the recent trends and unsolved problems of endocrine therapy. The early therapeutic triumphs in endocrinology depended upon the use of replacement therapy in hormonal deficiencies : desiccated thyroid in hypothyroidism, pitressin in diabetes insipidus, insulin in diabetes mellitus, adrenal extracts, desoxycorticosterone and later cortisone in Addison's disease, and testosterone or estrogens in hypogonadism. Until comparatively recently the control of disorders due to the hypersecretion of hormones was accomplished only by surgical procedures such as the extirpation of tumors of the adrenal glands or thyroidectomy in Graves' disease. The introduction by Astwood in 1943 of the thiouracil drugs for the treatment of hyperthyroidism was an important advance in the medical control of glandular hypersecretion. These drugs act by blocking the conversion of inorganic iodine into thyroxine. Alloxan, which causes selective destruction of the beta cells of the islets of Langerhans thereby preventing insulin secretion, has been a useful tool in the study of experimental diabetes mellitus. It cannot be applied therapeutically in hypoglycemic disorders because of other toxic effects. Our discovery in 1950 of the use of cortisone in suppressing adrenal hyperactivity in cases of congenital adrenal hyperplasia is another example of the use of a hormone to put at rest an overactive and abnormal gland. In small physiologic doses this drug checks the progressive virilization of female pseudohermaphrodites and permits them to develop along entirely normal female lines. Its mode of action is shown in Chart 3. We believe that in this disorder the adrenal has difficulty in converting the precursor steroid, 17-hydroxyprogesterone, into Compound F, the normal carbohydrate-regulating hormone which is similar to cortisone. Instead the pathway of biosynthesis is diverted to abnormal steroids which have androgenic activity. To meet the requirements for Compound F, the pituitary secretes increased amounts of ACTH. This causes hyperplasia of the adrenal and whips up the adrenal to secrete adequate amounts of Compound F, but at the same time even more androgen is secreted. When cortisone is administered to meet the requirements the strain on the whole system is relieved and the adrenal is put completely at rest, its activities virtually ceasing.

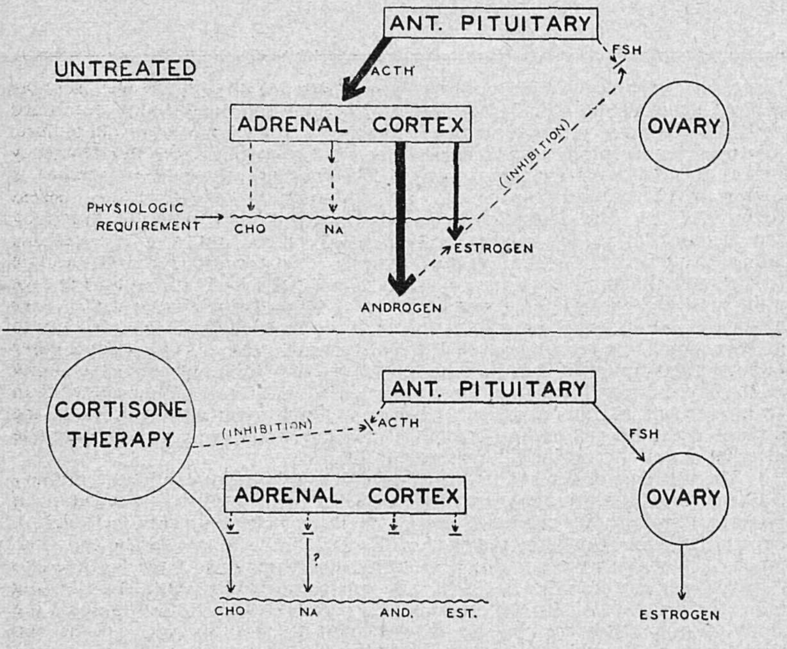


FIGURE 2. Diagram showing mechanism of virilizing adrenal hyperplasia and its control by cortisone.

The desirability of controlling medically other types of endocrine hyperactivity is obvious. Cushing's syndrome is not controlled by cortisone. Perhaps some drug having a specific destructive effect on the adrenal or blocking its action can be found. D D D, which is related to the insecticide D D T, destroys the adrenal cortex but is not free from other toxic actions. In particular it would be most valuable to have some method of inhibiting the secretion of pituitary gonadotropins or of antagonizing their action upon the gonads. This would make it possible to check sexual precocity of the constitutional type, which can be a very disturbing condition, and would be of value in certain menstrual and menopausal disorders. Claims were made by the French, but subsequently disproved, that a drug called parahydroxypropiophenone would prevent gonadotropin secretion. A weed of our Western Plains, *Lithospermum ruderale*, used by Indian squaws for its reputed " papoose-preventing effect ", is said to prevent estrus in rats and mice by inhibiting gonadotropic secretion, but toxic effects have prevented its therapeutic trial. Another approach has been to administer steroids chemically similar to estrogen but biologically inert, since estrogens inhibit the secretion of follicle-stimulating hormones by the pituitary. So far this has failed. Finally it has been claimed by Maddock and others that the continuous injection of chorionic gonadotropin of hog FSH leads to the formation of antibodies against endogenous pituitary gonadotropins. It has been suggested that this method of treatment might be effective in cases of sexual precocity.

Another therapeutic vista has been opened up by the use of hormones for their general metabolic effects, or their actions on a wide variety of tissues or of physiologic processes, rather than for their effects upon specific end-organs. An example is the use of testosterone for its protein-anabolic, growth-stimulating properties. This has spectacular effects on increasing the growth and musculature of hypopituitary dwarfs. It would be even more valuable if its protein-anabolic action could be divorced from its virilizing effects. We have sought diligently among the chemical analogues of testosterone for such a substance but have been unable to find any in which these two actions are satisfactorily dissociated.

The spectacular results of cortisone and ACTH in the treatment of a large number of disorders depend upon their effects on various tissues and intracellular enzymes and extend far beyond the field of endocrinology. Perhaps their greatest value has been as tools and incentives to study the fundamental nature of disease. Unfortunately, except in the treatment of adrenal hyperplasia or adrenal insufficiency, therapeutic results are obtained only when one gives these hormones in large amounts far in excess of the normal requirements of the body. Accordingly, their prolonged administration may result in the symptoms of hyperadrenocorticism.

Having mentioned some of the " miracles " and trends of hormonal therapy, I wish to conclude with a consideration of the problem which concerns me most as a pediatric endocrinologist. This is the question of when to give hormones and when to judiciously resist the temptation to interfere with nature's own readjustments and transitions of the endocrine system. A large proportion of the patients referred to an endocrine clinic do not have true endocrine defects. Some have non-endocrine anomalies of intrauterine development ; others have constitutional and often hereditary trends to short or tall stature ; and still others show variations from the average in the time of onset or the pattern of adolescent sexual development. Adolescence is a period of transition and readjustment in the activity of the endocrine system. The pituitary turns its attention from the elaboration of somatotropic hormone to the secretion of three different types of gonadotropic hormones (see Chart 1). In females these are secreted cyclically in varying proportions. Both the ovaries and the testes produce at least two different types of sex hormones. The adrenals also play their rôle in sexual development and begin to secrete androgen at puberty. This complicated mechanism does not come into complete orderly activity immediately, but years may pass before it reaches full maturity. Is there any wonder that there are wide variations in the time of onset of puberty or in the pattern of its development? There are probably constitutional differences in the pattern of the endocrine system which account for difference in sexual development, somatic growth and possibly even the temperament and activities of individuals. To what extent should one attempt to interfere with nature and alter constitutional differences? One can readily give a stunted boy with delayed adolescence chorionic gonadotropin or testosterone and bring about rapid sexual development and an accelerated spurt of adolescent growth. One may cause growth of the penis and development of pubic hair in a boy whose genitalia are too small to satisfy parental pride. Such treatment is being given extensively to the apparent satisfaction of the physician, parents and patients. Yet I have seen boys of 17 or 18 years with sclerotic, sterile testes who had been treated intensively with chorionic gonadotropin at the age of 10 or 12 years, merely because they were small and undeveloped or had partial unilateral cryptorchidism.

Did the testicular degeneration occur because of the treatment or in spite of it? One can cause marked growth by giving testosterone to a stunted 6 year old boy, but can one add one cubit to the stature which he ultimately attains? I do not know the answer to these questions. There are undoubtedly times when because of the psychological effects of delayed adolescence or because of menstrual difficulties it is advisable to give hormonal therapy. One must remember that one can never give a hormone without it exerting an inhibitory effect upon some endocrine gland or other hormone. One must always weigh carefully the advantages to be gained by endocrine therapy against the possible harmful effects. In our present state of ignorance it is often best to pause during adolescence in order to give nature a chance.

From what I have said you may guess that I belong to the Conservative Party of endocrinology. It is apparent from the quotations I have given that Thomas Addison was a conservative and since this party is now in power in your country I suspect that those at Guy's Hospital who asked me to give this lecture must be conservatives. I am sure, however, that none of us wishes to turn back the clock but that we all wish to carry on the Progressive Reforms which have brought endocrinology from a state of charlatanism to one of scientific respectability.

TERSE VERSE

I.

Whenever the G.P. is longing to sit,
A Baby 5 miles away goes into a fit.
Off to its aid he flies in a race,
But when he gets there it grins in his face.
And although he be a Chivalrous Starter,
He never becometh a Knight of the Garter.

G.C.B.I.

II.

To Ruth Ward there came a Martyr,
Alopecia Areata
On what medicine should we start her?
What about some Cream of Tartar?

The Nurses used their jurisdiction
Thought they'd try a little friction,
Never was bald pate so quick-shone
You should have heard the doctor's diction!

Phenobarbitone cum rest
Next was tried to cure the pest,
Only three small tablets lest
More should send the patient west.

"A.C.T.H." the big chief said
Will grow the stuff 'fore she is wed,
She must not be to Altar led
Without a hair upon her head."

Houseman then tried the infusion,
Before a week all was confusion;
Vein would not have the intrusion
(Although the stuff grew in profusion).

"We'll try I.M.I." they said
(What if all the hair goes red!),
Patient happy, smiled in bed,
Pleased with down upon her head.

Alas, poor nurse she had some trouble
I.M.I. did naught but bubble,
Could not give the patient double
Emptied bubble into rubble!

Trouble over, patient dressed,
No danger now of going west;
Tresses curled with loving zest,
Boy friend must see her at her best.

To Bed 11 she'll say good byes
We'd rather keep her where she lies,
She's such a help; We must get wise
On slower growth at Thomas Guy's?

E.S.

THE RESIDENTS' PLAY, 1955

DISGUYSED or *YOU CAN'T TAKE IT WITH YOU*

A senior physician, in reduced circumstances after a trip to Monte Carlo, has engaged two assistant physicians gradually to dismantle the hospital, which he is selling piecemeal to a rich American who proposes to reconstruct it in Texas. He is partially successful in this design, but finally thwarted by nobler colleagues in a drama of heroism, villainy, mystery, passion, plot and counter-plot. Now read on.

The snow fell, the winds blew and the stars were extinguished as we hurried to the Residents' Play. "You can't take it with you" suggested "No pockets in a Shroud," and shrouds were in the air that night. The curtain rose to the accompaniment of stormy, whistling and nocturnal winds, as though Professor Spurrell's Physiology Theatre had at last given way under pressure of Residents' Play audiences and allowed access to the elements. Mr. T. Guy was in his forecourt, established on his plinth, with just that ingratiating bend of stance, the absence of which would yet be noticed by the hundreds who pass him unnoticing. Soliloquising despite and because of the weather, he delivered a prologue in the best Fryspearean tradition.

Bibles and Bubbles, what a plaguey night,
Thank God my metal case is watertight.
What apparition comes to tease me now
Did I a play or bawdy-house endow
That row upon row of faces in the gloom
Stare from what ought to be a lecture room?
Stare as you please. For I am Thomas Guy
Whose bounty you're obliged to justify.

Men called me miser but they took my gold
And stood me here to shiver in the cold.
When the sun sets and peeling noses heal
Then on my cheeks my molten tears congeal.
Pox on the pasty sculptor, silly ass,
Who'd never learnt the latent heat of brass.
I gave my gold to Guy's, which in reply
Could spare some copper for a Thomas Guy.

What panel doctor swears it isn't cricket
To make a profit on a seaman's ticket?
And South Sea shares they gave me for my trouble,
They thought me sucker while they blew their bubble.
Led by the nose, a baited bull at first,
I played the bear before the bubble burst.
You profiteers in Health Insurance cards
Sit out your sessions, merit your awards,

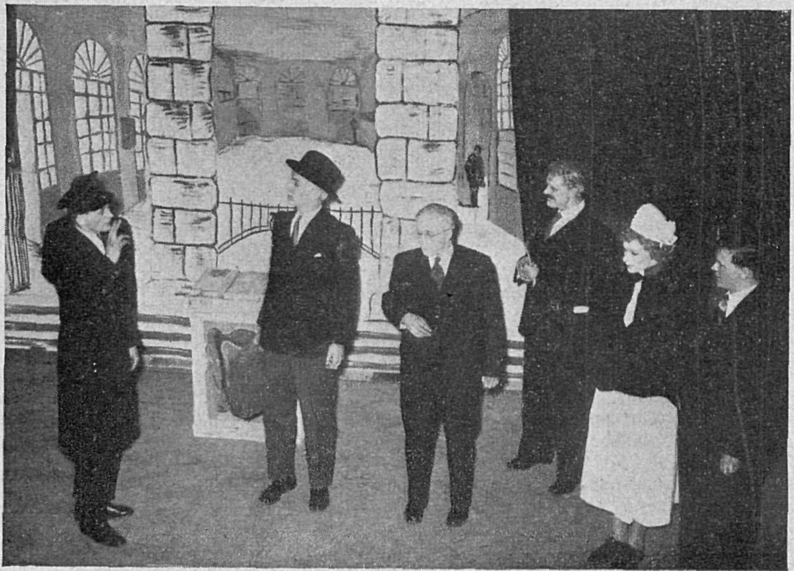
For all I ever did you now do more
And rob the State to heal the not so poor.
Robbery's rife! though called a different name.
The State robs you, and you expenses claim,
And the poor taxpayer suffers just the same.

Who stole the lamp-posts from Great Maze Pond Road?
Bright bulbs blazing where the gas once glowed.
Who but the Devil's linkman dared to douse
The last lone lantern by the Warden's House?
So many trees have vanished from the park,
There's nothing left but bits of peeling bark.
What frenzied villain troubled to transpose
The wrought-iron gates beneath my brazen nose?
What crazy pavement artist swipes the floors,
Retesselates the ancient corridors,
Until the green mosaic ventures out of doors?
Robbery's rife! I've hit upon the plot:
Some madcap scheme's afoot to steal the lot.
Who would not laugh if such a plan there be?
Who would not weep if the next to go were me?

And next to go he was. So that, though the weather seemed to improve as the sun shone on the opening chorus that followed, a pervasive note of gloom overhung the Residents, hangovered after their dinner, and underlay even the girlish giggles of the Matron's myrmidons,

We're the dolls at Guy's
And we can't disguise
The attractive size
Of our big blue eyes
Our uniform's so revealing.

With the parting of the chorus the emptiness of the plinth and absence of Our Founder became apparent and received sharp comment from surgeon and physician with the arrival of Mr. Aunt Chassis and Dr. Sampson. The latter's lips were pursed slightly more than usual, no doubt due to dehydration, as he admitted to having had a roguish romp at the Residents' dinner, with a tiny drop of sherry and a teeny drop of gin and a . . . Speculation on the removal of Mr. T. Guy was interrupted by the arrival, under the aegis of Dr. Duffweight, of Dr. Luke O. Plakia (from Waco,



. . . There's a queue stretching from Harley Street to Selfridge's . . .

Texas), the distinguished American operator (of rackets?), in whom, as in all Transatlantic operators, great interest is taken by a Casualty Surgeon—you've guessed it—Mr. Sharkson, who thought Our Founder's disappearance "vewy, vewy distwessing, dear boy, he appears to have left only his pedicle," but offers the reassuring note that "if weplacement is wequired, I have been known to gwaft stwanger things in my time." Light is thrown on the disappearance by the Heroine's revelation that sinister figures burdened with a body have been seen below ground near the Nurses' Home last night. At which the honest and upright Sampson and Chassis decide on an identification parade, to which urgency is lent by Sampson's insistence that mysteries are afoot, since he found his hand quite shaky when signing in at the Superintendent's Office. He rebuts indignantly the obvious explanation by flashing the pure white light of science, "my seismograph . . . used to detect the finest tremors . . . that shudder was not in me, it was in the building. *The very foundations were shaking beneath my feet.*" Another note of doom.

By a logical transition of thought we are borne to the basement, and are there surprised to discern, in subterranean gloom, a Court physician, Dr. Sham, and a cardiologist, Dr. Faker, at work with pick-axes, lanterns and a wheelbarrow. The former, exhausted as always (by watching others work), insists on a pause devoted to reminiscence: which dramatic device enables us to gather that they are engaged, under the sinister Duffweight's direction, in the piecemeal removal of Our Building.

I say Charles . . . . .

Thus is explained the puzzling (even in real life) disappearance of the gates, the old floors, the plane trees, gas lamps, etc. This insidious demolition has now reached its climax in the removal by Dr. Sham of an eighteenth century metal disc casually prised off a water pipe during a dull consultation in the genito-urinary ward. We are now thwarted in our desire to learn more of the miscreants' motives by the descent of a sharp cascade, but were a good deal quicker than the physicians themselves in realising its origin.

The ward in question, *Christopher*, was ingeniously displayed through a window in the Sister's room which gave us an exotic background of tropical fish and other marine life, as the Probationer Heroine, like little Peter, tried to stem the flood, what time the unruffled Sister Tapsy Blythe was composing her report: "Output about 45,000 gallons . . . the best diuresis we've ever had. Nonsense, nurse. This is a great day for the G-U department. 45,000 gallons and the whole ward awash. I can see it splashed across the headlines." This display of Hibernian nonchalance is cut short by the arrival of heroic helpers, the hero himself and Mr.

Yes, it's me again!

Pilpatrick, who enter through another window followed by the devoted Sampson and Chassis complete with water wings. The great urologist is not at a loss. As tidal drainage is efficiently applied, we see the water level receding before our eyes, and a vista of beds and lockers (surprisingly trim) appears with the ebbing of the tide. This, of course, does not satisfy the eminent specialist. "We must try to establish a diagnosis and that. We must find the causative lesion. It means a step in a retrograde direction of course. Sister, my cystoscope." Which leads to a rather startling development, the observation of a "foreign body, rather papilliferous in outline" through the door. As it makes steadily for him, Mr. Pilpatrick retreats, like some urological Canute, and the door bursts open to admit a Frogman, the gallant Deadly Ratkins (caps off) who has been playing his part by stopping the leak with his Rugger ball. But he brings serious tidings; not only has Guy's house been rendered unsafe by the flood, but even the portraits from the Director of Surgery's office have floated down the stairs.

The complexities of this last character are developed in the subsequent scene, when he shows the steel scalpel in the rubber glove in dealing with his colleagues. These, Dr. Moonyman (oddly enough, a dermatologist) and Professor ("Bacteriology, there's a fine word for you, a science and one full of culture") Crocks are in the latter's laboratory. Dr. Moonyman is fresh from seeing a case of melanodermia (in a leopard) at the Zoo; Professor Crocks is stale from one damned smear after another and subdelirious from swigging at the broth bottle. They have been collaborating, with fiscal aid from the Department of Surgery, on a giant electron microscope, complete with beta ray baffle gates, which is to replace Abrahams' box and solve all infective problems so that slides, cultures and bottles can be dispensed with, . . . "Well, slides and cultures, anyway." The Deadly Ratkins is dissatisfied with their progress and dictatorially declares himself, ending on his highest note (off caps) "I assure you that what I have envisaged to-night is not for the sake of personal glory, but for the sake of surgery—or have I said that before?"

These side developments have distracted from the identification parade, about to be held in the Nurses' Home, where the Lambs are baa-lmily clustered round the notice-board that shows examination results. Alas for our heroine, it is her only failure (and she had the consolation that when asked to demonstrate the injection of 10 c.c. of paraldehyde she'd been so far successful that the examiner went off very quietly). She is consoled further by the apposite arrival of the hero. Romance burgeons and in an efflorescence of passionate love (ably supported by nursing colleagues) the general feeling is expressed in an exquisite Rondel with a contrapuntal Tra-la-la-la-la.

Love has found our hearts at last,
Sought us long ago.
Fleeting hours had seemed to show
The time for love had passed
Time's express was running fast
Cupid's watch was slow
Love has found our hearts at last,
Sought us long ago.
Time forgave for fate forecast
What love should not forego.
Present kisses only know
The future of their past.
Love has found our hearts at last.

This barely escapes interruption by the arrival of the miscreants, Dr. Faker and Dr. Sham, who have come to bluff out the identification parade. They point out to the already suspicious heroine that identification is a difficult matter. (After all "Not long ago Dr. Sham was mistaken for Dr. Roger Bannister." "Was I really?

Of course, I used to run when I was at school.") And the difficulty is emphasized by Dr. Sham making some admirable imitations of colleagues' mannerisms. Which byplay is cut short by the villainous Duffweight who, dismissing the others, complains bitingly to Faker and Sham of their indiscreet and over-zealous efforts in dismantling the hospital. Aha, what's that? This conspiratorial camaderie is interrupted by a sneeze; the faithful Sampson, lurking behind a pillar, has overheard the villains. They must act, and they do. Under the guise of solicitude for his nasty cold, they thrust a little tablet down red lane. Oh, nothing lethal, just a little obliviopoietic cannabis indica, which certainly has an Oriental effect on Sampson. Even his unByronic clothes (yes, yes, black coat and striped pants, of course, of course) seem to assume an exotic air, as he enters an enchanted trance.

In this he continues on and off stage enchantingly, while in an off moment the Deadly Ratkins arrives, announces that the identification parade is off owing to the flood disaster in the surgical block, but that since his Department (which "happily, unlike other departments, plans ahead") has the infallible diagnostic machine, it will take over Hunt's House, since the number of medical beds necessary will become minimal. In this challenging situation it is agreed that the machine shall have its trial—on the first diagnostic problem to arrive at the Surgery that afternoon. As to the nature of that case we glean a hint from the re-entry of the entranced and exoticised Sampson who, under the influence of Bhang, communicates his hallucinosis to the very audience, dancing a dance never seen in Harley Street with a boneless wonder houri from a harem in (no doubt) Samarkand.

Our appetite for the integration of this warp and woof was now beguiled by music (as always on two pianos, and as recently by percussion in the crow's nest) during the only interval. The curtain then rose for the second act to reveal the Surgery with an astonishing plastic triumph, Mr. Sharkson's apogée, a man with one leg and three hands. Well prepared by experience for the ordeals of Maze Pond, he has a camp bed and cooking utensils against the delayed arrival of the prosperous Sharkson who makes everything quite clear by explaining, as he stuffs his pockets with banknotes, that he has been "inextwicably caught up in a sewies of events." And is delighted that the patient's anatomical rearrangement has much simplified his work as a telephone operator. After all, the trifling difficulty in ambulation, one supposes, can always be corrected by another gwaft. With which blithe dismissal, the stage is set for trying out the great machine.

The Deadly Ratkins arrives wrapped in authority ("As a master mariner and skilled air pilot, I shall direct operations"), Moonyman and Crocks remove the

R ACTIVITIES
EMOTIONAL DRIVE
SENSATION
ALARM

. . . a most gwatifying wesult . . .

draperies from the apparatus which Sharkson observes to be "a vewy, vewy admiwable contwivance."

Whence comes the first diagnostic problem? How opportunely does the villainous Duffweight arrive, bringing in coma ("like everyone on his firm") the gallant but cannabised Sampson. We are on the threshold of a new diagnostic era as he is introduced into the apparatus which begins to tick. "That," says Ratkins, "is the complicated mechanism at work." But technician Crocks says "I don't think it should tick," and technician Moonyman, the positivist, says "Of course it shouldn't tick." But it does tick, and as with other great machines, there seems no way of stopping it. They slowly edge away. But the machine works, and suddenly illuminated panels appear dealing with the various systems, and then another panel that says "Bhang." It is prophetic; there is a tremendous explosion. As our hearts are just slowing down again, Sharkson's head appears echoing our feelings with "How vewy vewy alarming," while Crocks and Moonyman decide their best chance is to flog the thing to Duffweight's American friend Luke O. Plakia, so interested in the technical approach.

But the heroine has seen it all (which is more than we have at this point). She has found a piece of bomb. Oh Duffweight, thou knowest that Sampson is not so named for nothing, he has survived the bhang. Palpitating, we wonder, has he survived the bhomb? (It's all right, he has). But now there are two, not only Sampson but the heroine is in the know. Quick, Duffweight, action. He offers the girl a chocolate (one of Canthadbury's best) which, being on duty, she virtuously refuses. Baffled he resorts to a ruse. Treating her as she had treated her examiner in the practical, he attacks her in the rear with paraldehyde.

By now we are ready for a stage decked with black crepe, but we get worse—total darkness relieved only by a chorus of skeletons, the spirits of the dissecting room who troll an anatomical dirge ("The Bone Boys Blues") to macabre rhythms, livening to a climax :

When you're bored with the relations of the interdigitations
And a tussle with a muscle's getting tough
And you've cut with your incisions all the artery's divisions
Then you've wrestled with the vessel long enough
When you're tired of your dissections and integument reflections
And you cannot find the nerve to save your life
Then "Scrape the fatty tissue from the popliteal surface
Of the femur with the handle of the knife".[1]

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[1] Cunningham, D. J. (1907) Manual of Practical Anatomy, 4th Edition, page 178.

After which the lights go up and we are in the dissecting room with horrifying realism. Screams from the cupboard bring the hero hotfoot to release the heroine who is round from the paraldehyde. Let us not intrude upon their bliss ("Darling, promise you'll never let any of the others make your Horlicks. What, darling? You haven't had any? Oh, darling, I thought you didn't feel as warm as usual") as their duet proceeds

There's a spot between the Squash Courts and the Laundry,
Just exactly where it is we won't discuss,
You couldn't call it beautiful,
Just happens to be suitable
And we like to think it was put there for us.
It's not so draughty as the Colonnade
And far more secluded than the Gate,
It's not much — granted —
But to us it's enchanted,
For that's where we meet every night at eight.

All through the day I've been longing for this,
All through the night I shall dream of that kiss,
We won't want any sedating.
All through my bedmaking, schedules and block,
All through my ward rounds I stare at the clock,
Eight is the hour that we're waiting for.
The College of Love is banned for ever,
Christopher's Hostel is now out of bounds.
Love's in the open! It's now or never
We have to meet in the hospital grounds.

When we're in Harley Street, let's not forget
This is the time and the place that we met.
All through our lives we'll remember this.

But intruders are overheard, so it's into the cupboard again, as Pilpatrick and Sharkson enter, much puzzled as to why Aunt Chassis should have asked them to so strange a rendezvous. As they wonder, a corpse on the dissecting table stirs, and Chassis, strangely attired in eighteenth century garb, emerges from the shroud, frightening them out of their wits. He asks after Sampson who, now under the Casualty Surgeon's care is ineligible for an ordinary bed and is wheeled in in an irregular and portable one. "Aunt," he says, eyeing Chassis' period costume, "aren't you being a little old-fashioned? I left off my winged collars ages ago." But Chassis explains: "As is my usual practice, I was up here revising my surgical anatomy. I am performing a resection of the submandibular gland to-morrow and I was unable to remember the relationship of the lingual nerve to Wharton's duct. In searching through the specimens on the tables, I pulled back one sheet and perceived Thomas Guy underneath. As the dissecting room will be in use to-morrow I have good reason to believe that the villains will be coming to collect the statue to-night." He has courageously decided to impersonate it, and is ready to be carried off to establish the motives of the villains, but relies on his Vigilantes for aid, protection and support. They have barely arranged it before the villains are heard approaching. Chassis resumes his position under the shroud. The cupboard, what with Pilpatrick and Sharkson as well as the hero and heroine, is rather full. Poor Sampson is left out and has to bed down with a corpse on the further dissecting table. As the villains enter, Duffweight gives lordly directions. Sham and Faker are left to bear off the "statue," which not only allows much by-play but causes enormous difficulty. Finally, exhausted, staggering under its weight and behind its bulk, they get it into the cupboard and slam the door. Slow and tottering, they carry it off with, unrealised, its numerous tenantry. "I say, Cha-rles, it seems ve-ry hea-vy, doesn't it, what?"

There has been a fashion in recent years for the final scene to be set abroad (Austria and the Moon come to mind), and now, of course, we find ourselves in Waco, Tex. the home burg of Dr. Luke O. Plakia. We are in the Four Plus saloon, with Luke ("always a vulture for culture") standing treat to celebrate something or other, presumably connected with the presence of the Guy's Hospital gates, plane trees and some of those chains from the park which, seen through the window,

How d'yer mean, Luke ?

relieve the vista of sand and cactuses. (What's more, we're right). The notion is reinforced by the arrival of the Deadly Ratkins ("yearning for the wide open spaces," and quite the young rambler in open shirt and shorts) with Moonyman and Professor Crocks, the last straight from the tideway and Oxonian at that ("I haven't sunk so low since I coxed Oxford in 1925"). Ingenious dialogue leads plausibly enough to the development of an intricate square dance with the local cowgirls—an amazing sight and we should never have thought it of Crocks—after which the British trio try to sell to Luke the machine which they have brought over with them. Any business man must insist on a trial first; while this is being arranged, the sound of coach and horses heralds a further arrival. Guess who? Faker and Sham. The former, out of tribute to what, after all, is great ridin' country, keeps the Union Jack flying by his appearance in full hunting pink. The latter, plainly determined to substitute *mores Texenses* for his own naturally courteous diffidence, is in cowboy rig complete with six-shooter and more than a hint of the Pearly King. To convince others as well as himself of this new personality he orders numerous drinks and shows that he has a fair recollection of how people used to behave in books by Zane Grey. So it's no time before the six-shooter goes off, and he has to be vehemently reminded that the occasion is not a firm dinner. The arrival of Duffweight cuts short this crisis; he sends the minions to collect the statue from the coach. "While the other two are outside," he says to Luke, "perhaps we could discuss the financial aspect. They are rather sensitive over these matters, so I suggest you give me the advance of a hundred thousand dollars for the statue, paid in cash." And it is done.

The cupboard is borne in by the minions. With a flourish Duffweight unlocks the door and the statue is brought forth. The further news is imparted that some of the wards are already on their way across the Atlantic. Amidst general villainous rejoicing at this prospect of establishing Luke's Lying-in Hospital, the precise tones of Aunt Chassis are distinctly heard to emanate from Thomas Guy. This provides a nasty shock. Indeed, it seems that Luke thinks he has been deceived and is definitely annoyed. Even Sham observes "A hundred thousand dollars for Aunt Chassis, what a lot of money." In fact, there's a first class row, from which the double-dyed Duffweight emerges triumphant; having shot Luke on the spot he soon gets the others lined up. Upon which a quiet little cowboy who has been dozing undisturbed in the corner tiptoes to the cupboard and unlocks it, with the inevitable emergence of Pilpatrick, Sharkson, the Hero and Heroine ("Darling, it was lovely being crushed together in the cupboard") who have all made the Transatlantic journey together with the "statue." They steal behind the villain, who is secured by a quick lasso and a crack on the cranium. All turn to thank the simple quiet cowhand who has saved the situation. Yes, that's right, beneath beard and sombrero it is Sampson. "My dear boy," says his colleague, "another hewoic episode in your caweer. How did you manage to be on time? I can never manage it myself."

Aunt Chassis and the Right are in command. Everything is to be returned to Maze Pond, but who's to do it? All look at Faker and Sham. "Oh, n-o, not agai-n. I mean, really. Those beastly bricks and tiresome trees again. I mean, have we got to, Charles?" They have. But while they set about it, the members of the Right reconsider. After all, the old buildings are *en route*, and the new ones will go up anyway on the old site, so Commandant Chassis decides to have the best of both worlds. At which moment there are shouts of "Timber" and the crashing of trees as Sham and Faker have resumed their work, and a frightful explosion as the machine fails its further trial. The Deadly Ratkins is borne in (R) in tatters, Sham and Faker appear (L) staggering with a tree, and are told crisply "Stop, we are staying here. Put that thing back at once." Apart from the final chorus, it's over. Awful nonsense, isn't it? But how it sparkled. And your reviewer and his ex-Guy's cronies from various parts of Britain agreed that they didn't feel quite so old after all.

In consistently maintaining its remarkable and deserved popularity, the traditional form of the Residents' Play is a help. The inevitability of the happy ending: the familiarity of the background so that the contrast, against that familiarity, of innovations and topicalities gains piquancy: the suitability of the medical theme for the development of mysterious machines with magnificent detonations: the division of the characters into good chaps and bad chaps, so that both are positive:

the audience's knowledge of the characters and therefore appreciation of their foibles: the emphasis on these foibles provided by impossible situations: all these make for an atmosphere of cosy intimacy within which the jokes become uproarious. Even so, the characterisation in this play was extraordinarily skilful, and exquisitely observed, both by authors and cast.

In the smaller parts, Mr. Robinson as Mr. Pilpatrick gave us a forthright presentation with just the right specific gravity, and Mr. Kendall as Mr. Deadly Ratkins, *sans peur mais pas sans un peu de reproche*, brought the original before us so that we even glimpsed the shining light of the Silver Cross League of so many years ago. Mr. Hillard as Dr. Duffweight had a more difficult because more conventional and therefore less expressive part, but carried it off with the audacious *esprit* that it required. Mr. Williams as Dr. Moonyman conveyed to us that blend of aeronautics, electronics and the mystique of the corium that we have come to expect, and made a hit with the Skin Song. Mr. Bishop as Professor Crocks (Cox might have been a better name but may have been used before) was equally at home whether square dancing in aquatic rig or clubbing the corynebacteria in delirium, and delivered his germ song with admirable assurance. One of the best of the smaller parts was Mr. Rawson as the trimanualunipedal patient, Mr. Leg, whose eyebrows brought Robey to out-patients in the Trio

There's a gaily coloured Guide Board at the bottom of the stairs,
There's a guide board to the guide board in the hall,
And the guide board to the guide board says to anyone who cares
There's no need to trouble anyone at all.
Just look at the board at the foot of the stairs if you don't know where to go,
The red and the green, the orange and white, the colours will strike you so,
Just look at the board at the foot of the stairs if you don't know where to go.

(Yeah, straight from the welfare state, and now follow the amber light for Tooting).

The dynamic intensity of Mr. Madeloff's Luke O. Plakia shone brightly against the grey of the London scene and even enhanced the actinic light of Texas, where he received excellent support from the cowboys, Al Bumen and Homer Globin, and the cowgirls, Buttercup and Daisy. Mr. Tunnadine doubled as the traditional Head Porter, and later the Texan barman, expressing a suitably puzzled acceptance of the Jack London goings-on of Dr. Sham.

What of the female parts? Those charming little things, Polly Posis, Rose Acea and Kay Lyx, appeared to best advantage in the Rondel, and that two of them were the Bone-Boy-Blue-spirits-of-the-dissecting-room and the third was also Mr. Leg, may bemuse the reader just as it puzzled your reviewer, who is not a plastic surgeon. But it was a pleasing puzzlement even if it did lend punch to that old gag about St. Thomas's. Mr. Kirk as Sister Patsy Blithe brought a breath from Macroom to the Back Room of Christopher and was as insouciant as anyone who knows that Cork can stop water.

Which leaves us with Mr. Frost as Cathie Ter, the heroine, and Mr. Tomlin as Sister Jartest; but the former is a major part *ex officio*, and the latter a major part *ex experto*. Sweet Cathie, prototype of Guy's wives from Pat and Sam to Ruth, ingenuously charming, won our hearts and carolled as though she, like the rest of it, were a lark. Of Mr. Tomlin, more anon.

But the large parts were naturally the best. Here comes, again *ex officio*, the Hero, conquering; Mr. Edmonds as Billie Grafin fulfilled the rôle with glamour and distinction. But Mr. Tomlin, alpha plus as Sister Jartest, with all her competence ("Oh sir, that's funny, I usually deal with the difficult cases"), reached Aldwych heights* in his enunciation of the prologue. Mr. Goodfellow, as Mr. Aunt Chassis, had something of the physical resemblance, all the moral rectitude, and the crisp euarthria of real life. Then Mr. Sharkson, with his vast Regency courtesy, craving an indulgence here and conveying a commendation there, was also especially good, though Mr. Lansdown, who portrayed him vocally with subtle success was unfortunate (in some limited sense) in having no close physical resemblance to his original.

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*C. Fry not R. Hare.

Dr. Faker and Dr. Sham, thanks to observation by actors and authors, were as good characterisations as for many years. Mr. Weaver faithfully conveyed Dr. Faker's stance, gestures, realism and capacity for enjoyment ("It's all very well for Duffweight to say 'Be at the airport.' Frightfully difficult getting away at the moment. There's Covent Garden on Monday and Tuesday, Glyndebourne on Wednesday, Ascot Thursday, and Paris for the week-end." "But, Charles, I thought you were meant to be on take-in." "Yes, I am."). And how more subtly and beautifully the authors conveyed Dr. Sham's other-worldliness ("What, I mean, we are *alone*, aren't we? There's no one else?" "Oh, well, yes, I know *you're* here, Charles, but, I mean, there's no one *else* here, is there?" "Oh, well, yes, I know Duffweight's here. I know that, Charles, but I mean we are alone, aren't we?") so oddly coupled with his tendency, as Burke said of someone or other, to explain the evident (as when Sampson's transatlantic passage hanging on to the aeroplane was described as a 'tremendous feat.' "No, by his ha-nds, Cha-rles."). And how faithfully all this was translated by Mr. Lund, who receives a special award.

Which brings us to the Gold Medallist, Mr. Mallett as Dr. Sampson. With a lesser cast Mr. Mallett would have stolen the play: and this in his own right as a performer, not as translator of the author's rites. Here is great talent. The part was straightforward nor oversubtle, and as such played with suitable restraint. But the special chance came and was seized with the Bhang. Two things remain especially in the mind: the cannabis indica episode with its Oriental dance, and, during the first trial of the great machine, the actor's ability to convey coyness when limited to the use of the toes. Sampson, like his historic predecessor, brought the house down.

. . . . *then bless them, Mr. C!*

The music, as last year, was provided by the now experienced trio Mr. Geoffrey Baker, Mr. Michael Vickers and Mr. Michael Hall, and rendered by the two former on two pianos, with altitudinous assistance on the percussion by Mr. Jack Gibbs. Neither these original compositions nor their execution have, in our memory, ever failed to be impressive at Residents' Plays; perhaps, in view of the relative rarity of composers, the most impressive part. Your reviewer, whom none could call musical, is able to perceive distinct differences between the compositions of different years, yet to his untutored ear, all seem to belong to the same *genre*, as though built within the same framework, much as the play year by year has its conventional shape. To him, this is not criticism but praise, as meaning that the media match each other. And, rightly or wrongly, it seemed to be so this year. On the night we went, the Rondel and the Guide-Board Song were the audience's favourites, and we agreed with the audience.

In choreography, Miss Audrey Long scored another deft sucess; nothing whatever occurred to remind us of a once seen performance of Sylphides by undergraduates all over fifteen stone.

The scenery, by Messrs. Cullinan and Ashurst, was positively distinguished. Though most chromatic in the Texan desert, it achieved its heights in the (at first sight) unpromising subjects of the Nurses' Home and the Dissecting Room. The former evoked *Madchen in Uniform*, relieved by a diversity of the adroitest notices. The dissecting room was appalling enough to whisk us back a quarter of a century, with those ghastly drawings of brachial plexuses and aortas, so that our eyes began to water not so much with sentiment as with formaldehyde, and we almost got ready to duck in expectation of that damned young Stenchwater who was always throwing those spleens about.

As we peered about in other directions, through our cataracts and down the mists of time, what struck us was how far more sophisticated Residents' Plays have become. This has happened in at least two ways. One is in the lyrics, which of recent years have seemed to reach a new level in subtlety. We speculate that this may be due to the influence of that experienced Lyre-Bird Mr. Montgomery, whose work is known to a wider public, and who was responsible for this year's lyrics in collaboration with Mr. George Scott. Our particular favourites are Dr. Moonyman's:

And that's how I got the gen on collagen,
I've found the secret of the skin,
There's nothing more to know
For the enzyme told me so
And he gave me all the griff on keratin.
He showed me how the cutis was atomic
Dermatology was physics it would seem,
And he taught me to reflect on
The effect of an electron
Of a smear of calamine cream.

And Professor Crocks':

There's a sensitive germ with a secretive manner,
Which wriggles its torso and bends at the knee,
Though little will stain him excepting Fontana,
The stain on his character's easy to see.
Caught unawares by oblique illumination,
Caught in the shade of its Stygian terrain,
Flushed with the glow of self-conscious damnation
At the thought of the thought of the thought of the stain,
The unwashable offable
Un-wash-it-offable,
Deep and original serpentine stain.

and a song from the surgery:

In the same room, there's a rather barren scene
Where the Hurst-while Asthma Clinic should have been.
But Sir Arthur's wheeze could never fool
The new sub-dean of the Medical School.

On the first floor, surgeons meditate
On the practical procedure before they operate,
But a knife-like mind is a thing to shun
When a Brain's only thought is a cutting one.

On the ground floor, Doctor Dow cannot resist
Peering at the shadows through a thick Scotch mist,
And giving vent in his mother tongue
That he's found another X-ray of allergic lung.

is rivalled by:

Yes, send for Deadly Hedley
When a tactical act applies,
Attracted to facts, he's a practical chap
The Surgical urge of Guy's!
Sagacious, audacious, he moves at a pace
To the crisis he speedily flies.
It's premedication, not premeditation
Efficient commission supplies.

But the most sophisticated and imaginative of all was Dr. Sham and Dr. Faker's duet, which has no counterpart that we can remember, in conveying the cosmopolitanism, rusticity, thoughts, habits, tastes and modes of expression of the originals.

Paris au printemps has a certain douceur,
Oh, terriblement bon! Effroyablement bon!
A sort of a je ne sais quoi as it were
Vous savez ce que je veux dire
Les femmes sont si gaies
Très, très chic, très okay
Now we know comme il faut nous conduire
But they all behave in a French sort of way
Vous savez ce que je veux dire.

Charles et Guillaume, les beaux médicins
De tout le monde, le haut, le fin.
A Londres on peut comprendre that we have the nous
To practise at the Palais or the Warden's House
But on the Champs Elysees
Nous exercons free and easy
Charles et Guillaume
Les Beaux Medicins

At the Bal Tabarin and the Folies Bergères
Oh terriblement bon! Effroyablement bon!
It's not the décor or the clothes they don't wear
Vous savez ce que je veux dire
We applaud the Ballet
Of the déshabillées
Though we move in the dressed circles here
For le corps seems to move in a façon Francais
Vous savez ce que je veux dire.

En France we buy pictures, we're patrons of art
Oh terriblement bon! Effroyablement bon!
And Monet for Manet you need for a start
Vous savez ce que je veux dire.
But one portrait's free
At the Boulangerie
A corps-mis-à-nu Cavalier
On the bottom inscrit, à Charles from Mimi
Vous savez ce que veux dire.

The other way in which the plays of recent years seem to have been more sophisticated is their relative kindliness and absence of crude bite. What struck one particularly about this play was that it was conceived not only with tolerance but with positive affection. We therefore make our bow to the authors, Mr. John Hayward and Mr. George Scott, proffer our thanks and ask if we may come next time.

As to criticism, we don't much care about that. The play started twenty minutes late the night we went—the hall-mark of amateur theatricals, nor was it due to the asynclytism necessary in arranging the audience in the gangways. Nor did we like the construction of the first act. Scene 4 was not a logical development; the introduction of the great machine was thus clumsily contrived. Nor was the scene itself good enough to justify the diversion, with its resultant scramble back to the main theme, which taxed the audience's powers of adaptability. Again, we thought the double dénouement in the finale a mistake. It was fun setting Faker and Sham back to work again, but not worth it in loss of crispness and climax. But let's not be pompous. Instead, let us offer thanks to this year's new producer, Mr. Brewin, with many happy returns.

Penultimately, may your reviewer, as one himself disGuysed and now a member of the Georgian Group, offer a historical note in support of what is plainly the authors' view that fiction is no stranger than truth, by pointing with pride to the fact that the scene in Christopher Ward was anticipated at Hyde Park Corner by some eighty years and on a much grander scale, when the patients on the top floor descended, water-borne, to the ground floor (only casualty one H.S. with a Potts' fracture), thus anticipating also that modern innovation, the flying bedstead.

Finally, he must be protected by those same affiliations from any charge of parochial smugness in saying that the standard of the Guy's Hospital Residents' Plays is astonishingly and consistently high. This play was no exception. However we may speculate on how these effects are achieved, there is one thing of which we can be sure; apart from talent, they involve a great deal of very hard work. They are worth it.

M.P.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Residents' Ball

SIR,—I should be grateful if you would announce the forthcoming Residents' Ball in your columns. It will take place on Friday, 6th May, 1955, at the Park Lane Hotel. As the tickets are limited applications should be sent as early as possible to the Ball Secretary, The College. Tickets will be distributed after Saturday, 23rd April, 1955, the closing date for applications.

Yours etc.,
P. G. DUNBAR,
President of the Residents.

Ambrosia next ?

SIR,—For the past two days wonder has reigned in the Nurses' Home—the food has been excellent; hot, appetizing and edible. We have been tempted with delicious food in a reasonable quantity, second helpings too if you were lucky! But, this morning to cap it all a wondrous sight beheld our sleepy gaze at breakfast, fried bread, bacon and even an egg—why, even on Boxing Day we just have fried egg and bacon.

How long can this continue? Or should I say, "When do the Ministry of Health 'Efficiency Experts' leave the Hospital?" Then I suppose we will return to our sylph like figures; anyway, it was good while it lasted. The extra preparation and cooking time were well spent, congratulations Kitchen Staff, but how I wish it could carry on, and let us hope we never have a surprise visit from Government Officers!

Yours etc.,
S.R.N.

Clinical Errors

SIR,—When medical students enter the wards and theatres for the first time in the course of their training, they have little or no idea of hospital routine. They very often learn the routine of the wards, what to do in the theatres, how to assist at operations etc., by trial and error—a process which can give rise to a certain amount of friction.

Would it not be possible to receive at the outset of one's clinical studies some elementary instruction in these important matters from ward sisters and theatre sisters, and perhaps in addition to do a period of part-time nursing in the wards, as students do at other London hospitals. I am sure that this would be appreciated by the students and nursing staff and would make for smoother running in the life of the hospital.

Yours etc.,
DRESSER.

Hospital Admissions from General Practice

SIR,—As a General Practitioner in South East London, I was interested to read the article by Mr. R. H. Robinson. As a result I totalled up the number of cases referred to hospital, to find that out of 3,000 patients at risk in a partnership of two, one partner had sent a total of 398! The majority of these cases were surgical, but 141 were for pathological and X-ray examinations which saved, in many cases, specialist advice.

These figures are personal ones and cover a period of 47 weeks during 1954, one month being lost through illness. A comparision with the previous year showed that they would have approached 500. A breakdown of the figures showed a slight seasonal trend in certain sections, but this is the first year that complete records were kept, so I do not know yet if they will be maintained. These records were taken from the duplicates of all hospital letters sent, and need a little explanation. The majority of obstretrical cases were for hospital confinement on social grounds only, and the orthopædic chiefly children. A miniature chest X-ray service is available and freely used for all chest investigations. Numbers for this are only approximate.

As I am interested in the yearly "turn over" with respect to the number of patients I hope that this information may provoke further inquiry.

Yours etc.,
W. M. C. HALLINAN.

164 Lee High Road,
Lewisham, S.E.13.

1954

Number at risk: 3,000 gross. Net 1,500.

REFERRED TO HOSPITAL

	Jan	*Feb*	*Mar*	*Apr*	*May*	*June*	*July*	*Aug*	*Sept*	*Oct*	*Nov*	*Dec*	*Total*
Medical	1	4	7	1	9	4	4	6	–	8	1	–	45
Skins	2	–	–	1	–	1	1	3	–	–	2	–	10
Psychological	1	–	–	–	–	–	1	–	1	1	1	–	5
Surgical	4	7	7	6	11	7	4	6	1	3	2	4	62
Orthopædic	2	7	3	4	3	1	1	1	1	5	1	1	30
E.N.T.	–	1	–	1	3	6	2	2	1	3	–	–	19
Eye	1	1	1	1	1	–	1	–	2	1	–	–	9
Gynæcological	1	2	2	3	2	–	1	1	–	2	–	–	14
Obstetrical	3	1	3	5	2	2	1	–	2	2	3	1	25
Dental	1	–	–	–	1	1	–	–	–	–	1	–	4
	16	23	23	22	32	22	16	19	8	25	11	6	223

EMERGENCY ADMISSIONS

Medical	4	*Gynæcological*	4
Psychological	3	*Obstretrical*	2
Surgical	21		
		Total	34

Pathological Investigations

Hæmatology	56	*Fæces*	10
Urines	5	*Throat swabs*	2
Test Meals	1	*Glucose Tolerance*	1
Pregnancy	3		
		Total	78

X-ray Examinations

Suspected fracture/dislocations	51
Chest	4
Deformities	6
Various	[illegible]
Total	63

Approximately 100 *miniature X-rays of chest as well*

SPORT

GUY'S HOSPITAL BOXING CLUB

Holders Inter-Hospitals' Championship Seasons 1954 and 1955

R. Marks *J. G. Allardice* *J. Van den Berg* *P. H. Davis*
(U.H. Champion, 1955)

R. Tucker *D. Gallivan* *M. Reeve* *A. V. Jones* *P. J. Willems*
(Trainer)

C. J. Wallace *A. H. Atkinson* *A. J. McNair, Esq., F.R.C.S., F.R.C.O.G.*
(Secretary, 1954) *(Captain, 1954)* *(President)*
(U.H. Champion, 1955)

D. Howard Allen *R. A. Peebles*
(Captain, 1955) *(Secretary, 1955)*
(U.H. Champion, 1955)

Not in photograph *L. B. Lux* *D. Logan* *H. P. Rickard Bell*
(U.H. Champion, 1954) *(U.H. Champion, 1954)*

RUGBY

Hospitals' Cup Semi-Final
Guy's *v*. St. Mary's

At Richmond
8th March, 1955

Result—Drawn, 3-3

The eagerly awaited clash between Guy's and their old rivals St. Marys produced a really thrilling encounter in which either side would have been unlucky to lose. The game was played at a cracking pace throughout and the large contingent of Guy's supporters were treated to one of the finest exhibitions of rugby seen in this competition for many a time. It is very gratifying to be able to record the remarkable change in the forwards in the last few games and they not only held a very fine St. Mary's pack but actually got the better of them particularly in the first half. It was in the loose play that they excelled particularly, carrying off many well controlled foot-rushes and disrupting their opponents with fine hard tackling. Once again it was Cooke who set the example for the side and this must be surely one of his finest games for the Hospital. His covering of the three-quarters was masterly and when it seemed on one or two occasions that St. Mary's must score he was there to baulk their efforts by good tackling and timely falling on the ball. Labuschagne hooked with his usual skill and always when it was necessary and Fairweather had a really sound game in all phases of the play. Russell and Lillicrap deserve praise for some very fine tackling. At half back Knight had a very nice game throwing out a well directed service of passes to Hackett but the latter found it a bit difficult to shake off the attentions of two very fast St. Mary's loose forwards but nevertheless, he he played his part well and helped his forwards by some fine relieving kicks. Of the three-quarters Lindsay played steadily and he was responsible for our only score by a very nice cut through and a well timed pass to his wing. James had some good runs in the second half and Thomas showed us what an advantage speed can have at full-back. If the three-quarters can be faulted it may be that they used the kick ahead a bit too often against such a fine full-back as Davies of St. Mary's.

Guy's with a slight wind in their favour had really the better of the first half. The forwards got on top at an early stage and the backs saw plenty of the ball. It was St. Mary's who provided the first thrill when Cannell went right through the defence from half-way with a jinking run which carried him to the Guy's line where he was well taken by Thomas. Shortly afterwards, Guy's scored their only try. A scrum outside the St. Mary's 25, the ball was quickly heeled and Hackett gave a pass to Lindsay who took it at full speed and beat his man by a nice swerve. He then ran to the full-back before giving Leyshon a well timed pass and the latter scored in the corner. The kick from the touch-line failed. This was really a great start which filled our side full of fire and half time arrived with the score 3-0 in our favour.

The second half was really thrilling and St. Mary's took up the fight from the beginning. They attacked continuously and only a great defence kept them out. Both Cannell and Mallett (St. Mary's) were nearly over in turn before Pavier (St. Mary's) dropped a neat goal from the Guy's 25 which equalised the score. Guy's were not to be put off however and kept up a series of attacks and the play swung from one end of the field to the other. We had a very narrow escape when Ruch the St. Mary's captain took the ball from the back of the line-out and ran through the defence. It seemed that all he had to do was to ground the ball behind the goal-line when a Guy's defender half staggered him and the ball fell inexplicably from his arms. Encouraged by this near thing Guy's pressed hard again and James had two beautiful runs along the left wing, one of which nearly produced a score. It was Guy's who were now attacking at the finish and Hackett tried a drop at goal which went wide. Shortly afterwards the whistle went and Guy's had lived to fight another day.

Team: J. S. Van den Berg, N. A. Labuschagne, D. K. Fairweather, (Front Row), R. C. Morgan, D. M. Smith (2nd Row), otherwise as in re-play.

Hospitals' Cup

Semi-Final—Replay

Guy's *v.* St. Mary's

At Imber Court
12th March
Won 6-3

A large and enthusiastic band of supporters turned up at Thames Ditton to watch Guy's battle their way to the Hospitals Cup Final for the first time since 1949.

Guy's kicked off and immediately went into the attack with some strong forward rushes. Davies and Cannell several times cleared the St. Mary's line with fine kicks.

When the St. Mary's backs tried handling they were inevitably stopped by the excellent tackling of the Guy's three-quarters, and found the kick ahead was the only way they could gain ground. Similarly, the Guy's backs met a stubborn defence but Hackett, Hawley and Lindsey, the midfield trio, always continued to look dangerous and made some good breaks.

St. Mary's were unfortunate to lose their scrum-half for a quarter of an hour just before half-time. During this period the Guy's pack played superbly, particularly the back row, whose spoiling and skilful dribbling continually forced St. Mary's on to the defensive.

Half time came with no score, but soon after the resumption Guy's gained the lead they deserved when S. A. R. Cooke kicked a good penalty goal. The rest of this half produced a series of thrills by the backs which gave some relief to the tremendous battle that was being waged forward. On one occasion Leyshon, our dashing young right-wing got over the line after beating his opposite number and the full-back, but was recalled for a knock-on.

Shortly before no-side St. Mary's struck back. Cannell kicked ahead for his wing, Richardson; the bounce of the ball beat James and Richardson was able to gather and round Thomas to score in the corner.

This score necessitated extra time to be played —five minutes each way. Guy's started this period with the wind at their backs and immediately took play to the St. Mary's line. Within minutes Hawley took a pass, swerved outside his opponent and timed his pass perfectly for James to crash over in the corner to great acclaim. The five minutes of the second period of extra time were fraught with many nerve wracking incidents and seemed to be endless, but the whistle finally went with no further score. St. Mary's had been beaten and Guy's were in the final again at last!

In the absence of Labuschagne through injury, Fairweather had hooked extremely well. Every one of the forwards was a hero, having equalled and finally bettered the heavier opponents. Cooke was a continuous inspiration to his side. Outside the scrum Knight and Hackett stuck to their task admirably at half and all the three-quarters tackled solidly throughout as well as engineering the all important final try.

Team: G. D. Thomas, E. O. James, R. T. Hawley, M. Lindsey, J. Leyshon, G. W. Hackett, R. K. Knight, J. S. Van den Berg, D. K. Fairweather, D. M. Smith, R. C. Morgan, A. L. Gunn, M. A. H. Russell, S. A. R. Cooke, D. A. Lillicrap.

HOCKEY

Hospitals' Cup

Semi-Final Replay

Sunday, 6th March, 1955

Guy's v. London

H.O.P. Won 4-0

The first replay having been abandoned in a snow storm, this was our third attempt at getting into the Cup final yet again.

Throughout the game, Guy's were the masters, although the London were still no mean opponents. Millar opened the scoring from a pass by Morgan the new left wing. Soon Paul added one of his neatly engineered goals.

Thus at half-time we were 2-0 up with expectations of more to come.

Once again Knapman played a solid game reducing Peeling's goal scoring potential to a minimum.

Cooke and Millar added further goals for Guy's both of which were well earned and deserved on the run of play.

The forwards played with a lot of their old skill, and were always pressing the London circle and goal.

The Guy's halves and backs were more than adequate, with some excellent covering and strong support in attack; indeed it was probably the intelligent combination of all this division that established our control of the game.

Montgomery was reliable and pleasing to watch with his increasing confidence in goal.

Team: D. Montgomery; H. M. Tuddenham, (Capt.), D. R. Laney; R. Elsdon-Dew, W. R. Knapman, M. B. Mackenzie; M. N. Morgan, R. R. Paul, J. I. Millar, M. F. Willis, N. R. Cooke.

At the time of going to press the Hospitals' Hockey Cup Final, between Guy's and St. Thomas', has been arranged for Wednesday, 30th March, 1955, on St. Mary's ground, Teddington.

ROWING

2nd VIII

On Wednesday, 23rd February, 1955, a tradition over 100 years old was revived when a race was rowed between the Boat Clubs of Guy's and St. Bartholomew's Hospital. As St. Bartholomew's could not muster a 1st VIII for the contest the race was rowed between the 2nd crews of the hospitals.

Weather conditions were not conducive to good rowing, a freezing wind blowing up some very bumpy water.

The race was over 1 mile between the Mile Post and the University Boat Race Stone, and at the start Bart's got away well to make ½ length lead into 1 length at the end of ¼ of a mile. Guy's hung on grimly, rowing well, but Bart's, rating a little higher, gradually forged ahead to lead by 2 lengths at Beverly Brook and 3 lengths along the Putney Wall. Guy's fighting all the way, put in a spurt at the finish and reduced the verdict to a bare 2 lengths.

Order of rowing: Bow, D. M. Orlans; 2, D. S. Roberts; 3, E. Fulstow; 4, P. T. Whitehead; 5, R. G. Bury; 6, R. H. S. Mindham; 7, P. Drury; Stroke, P. P. Fanning; Cox, S. A. C. Lynes; Coach, E. E. Arnold.

The evening was marked by the Annual Dinner of the Boat Club, held this year at the London Rowing Club, Putney. The Club was delighted to have as guests, as well as their own president Mr. Frank Law, Dr. Coulson and many members of St. Bartholomew's Hospital Boat Club.

On the 2nd March, 1955, Guy's 2nd VIII rowed against an VIII from King's College, London. The course was over 1¾ miles, between the University Boat Race Stone and Hammersmith Bridge, raced in clinker VIIIs.

At the start King's went ahead, and had a lead of 1½ lengths at the end of the moorings. Guy's fought back hard, and held on to their opponents for over a mile. Off Harrods, however, two genuine "crabs" nearly stopped the boat completely, and King's took advantage of this to put their lead up to 6 lengths. Guy's rallied and managed to reduce the lead to 5 lengths by Hammersmith Bridge.

The race was umpired by Dick Phelps, to whom our thanks are due.

Order of rowing: Bow, D. M. Orlans; 2, H. M. Clink; 3, Chas. C. Berwick; 4, P. T. Whitehead; 5, E. Fulstow; 6, R. H. S. Mindham; 7, P. Drury; Stroke, P. P. Fanning; Cox, S. A. C. Lynes.

1st VIII

On Wednesday, 2nd March, 1955, the 1st crew raced The London Hospital and the Medical Boat of Lady Margaret Boat Club. The course was 1½ miles between the University Boat Race Stone and Harrods, and rowed on slack water.

Guy's on the Surrey station, had the outside of the bend, Lady Margaret had the centre and The London were on the Middlesex side.

At the start Guy's went away faster than their opponents, and were ½ a length up on The London and ¾ of a length ahead of Lady Margaret at the end of the moorings. By the end of Fulham Wall Guy's were still leading, with The London pressing and closing to ¼ of a length, and Lady Margaret fighting hard about a length behind.

At the Mile Post The London were only feet behind Guy's, and just clear of Lady Margaret, but they had shot their bolt, and Guy's began to draw away steadily to win by 1½ lengths from The London and 3 lengths from Lady Margaret.

Although there was some slightly unorthodox steering during the race, Guy's coxswain could not have steered a more perfect course.

Order of rowing: Bow, M. A. Young; 2, V. Whitehead; 3, T. R. Cullinan; 4, D. C. Inman; 5, R. W. M. Smith; 6, M. R. Boundy; 7, G. J. Longson; Stroke, M. S. Parrish; Cox, C. B. Thomson; Coaches, Dr. A. S. F. Butcher and R. E. Farmer.

In the evening members of the crew dined with The London Hospital and Lady Margaret crews at the London Rowing Club, and were impressed by a choral performance entirely in Latin.

Rain, snow and fierce winds made conditions on the Cam as bad as possible when Guy's 1st VIII had a friendly trial of strength with Pembroke College on Saturday, 5th March, 1955. The Pembroke VIII was slightly strengthened from that which ended 5th in the 1st division of the Lent Bumps.

The crews paddled to Bait's Bite Lock while Guy's settled into their borrowed boat. On the return journey Guy's were given 2 lengths start and were chased bump-fashion by Pembroke. After 2 minutes rowing Pembroke had reduced Guy's lead to ¼ of a length, but were unable to make their bump for another minute and a half.

A side-by-side race was then rowed up the Long Reach. Starting was made extremely difficult by the gusting cross-wind, and the start was given with Guy's ⅓ of a length ahead. With a slight bend in their favour this lead was increased to ½ a length in 1½ minutes. Pembroke fought back and drew level, and with the Railway Bridge corner in their favour went ahead to lead by ¾ of a length at the Pillbox, where both crews easied.

During both rows Guy's were consistently rating lower than Pembroke, and refused to be rushed off their feet by a crew who, training six days a week, were very fit and capable of much higher ratings.

Rowing in the prevailing conditions would have been quite impossible without the experience and quick control of the coxswain.

The Guy's crew were grateful for the spirited vocal support of those who travelled so far to cry encouragement upon the icy blast.

Order of rowing: Bow, M. A. Young; 2, V. Whitehead; 3, T. R. Cullinan; 4, D. C. Inman; 5, R. W. M. Smith; 6, M. R. Boundy; 7, G. J. Longson; Stroke, M. S. Parrish; Cox, C. B. Thomson; Coach, R. E. Farmer.

Both 1st and 2nd VIII's are entering for the Tideway Head of the River race on **Saturday, 19th March, 1955**, and will be going afloat from Thames Rowing Club at Putney at about 1.0 p.m. on that day.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL

Applications are invited for the appointment of **Registrar to the Radiotherapy Department** (whole-time). D.M.R. preferred but not essential. Duties to commence as soon as possible. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **12th April, 1955.**

Applications are invited for the post of **Surgical Registrar** (full-time), in the **Genito-Urinary Department,** grading to be dependent upon qualifications and previous experience. The appointment will commence on 1st October, 1955, and will be tenable for a period of one year in the first instance. Forms of application are obtainable from and should be lodged with the Superintendent, Guy's Hospital, not later than the **31st March, 1955.**

Applications are invited for the appointment of **Registrar in the Department of Anæsthetics** (part-time). Duties to commence as soon as possible. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **31st March, 1955.**

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1955:—

Department of Conservative Dental Surgery.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Clinical Dental Surgery.
Part-time Registrar to attend on 2 sessions per week.

Assistants to the Visiting Dental Surgeons.
Part-time Registrars to attend on 6 or 5 sessions per week.

Department of Dental Prosthetics.
Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Preventive Dentistry.
Part-time Registrars to attend on 6 or 3 sessions per week.

Dental Department for Children.
Part-time Registrars to attend on 6 or 3 sessions per week.

Casualty Department.
Part-time Registrars to attend on 6 or 5 sessions per week.

Extractions and Minor Oral Surgery.
Part-time Registrar to attend on 6 sessions per week.

Ante-Natal Clinic.
1 Dental Officer to Salomons Centre for 1 session per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 23rd April, 1955.**

DENTAL OFFICER TO THE NURSING STAFF

Applications are invited for the post of **Dental Officer** to the Nursing Staff, whole-time. Duties to commence as soon as possible. Particulars of salary and conditions of service can be obtained on personal application to the Superintendent, to whom applications, on the prescribed form, should be sent on or before **28th March, 1955.**

APPOINTMENTS

W. B. D. Maile, M.A., M.D., M.R.C.P., D.M.R.D., has been appointed Consultant Radiologist to the Portsmouth Group of Hospitals.

Dr. E. A. Wright, experimental pathologist at the Medical Research Council's experimental radio research unit at Hammersmith Hospital, has been appointed to the London University readership in pathology tenable at St. Mary's Hospital Medical School.

HOUSE APPOINTMENTS

1st March, 1955

Assistant House Surgeons

To:	
Mr. Blackburn	Mr. J. G. Davies
Mr. Lawrie	Miss E. A. Burns

Appointed for 6 *months, the first* 3 *months as A.H.S.*

Mr. Glover	Mr. J. A. Pollock

3 *months*

Mr. Brain	Mr. M. D. A. Vickers

Appointed for 6 *months, the first* 3 *months as A.H.S.*

Assistant House Physicians

To:	
Dr. Douthwaite Dr. Hardwick Dr. Bishop	Mr. G. S. Rawson 3 *months*
To:	
Dr. Boland Dr. Baker Dr. Houston	Mr. G. C. W. Baker
To:	
Dr. Hampson Dr. Kauntze Dr. Grant	Miss M. A. Barrie
To:	
Dr. Mann Dr. MacLean Dr. Campbell	Mr. J. D. Ellis

Appointed for 6 *months, the first* 3 *months as A.H.P.*

Out-Patient Officers

Mr. A. Halamandres Mr. S. M. Madeloff Mr. D. W. Atkinson Mr. G. H. Anderson Mrs. M. D. Pollock	3 *months*

House Surgeons

To:	
Mr. Massie	Mr. J. P. A. Weaver 6 *months*
Mr. Eckhoff	Mr. O. Morton 3 *months*
Mr. Atkins	Mr. D. N. Whitmore 6 *months*
Mr. Wass	Mr. P. R. Lyon 3 *months*

House Physicians

To:	
Dr. Douthwaite Dr. Hardwick Dr. Bishop	Mr. D. K. Fairweather 6 *months*
To:	
Dr. Boland Dr. Baker Dr. Houston	Mr. B. H. B. Robinson 6 *months*
To:	
Dr. Hampson Dr. Kauntze Dr. Grant	Miss S. Mullally 3 *months*
To:	
Dr. Mann Dr. MacLean Dr. Campbell	Mr. E. E. D. Tomlin 3 *months*

Resident Obstetricians

1.11.54—30. 4.55	Mr. R. G. Orr
1. 1.55—30. 6.55	Mr. P. F. P. Lansdown
1. 3.55—31. 8.55	Mr. J. T. N. Williams
1. 5.55—31.10.55	Mr. J. H. Peters

Ophthalmic House Surgeon
(Non-Resident)
Mr. R. M. Kirk *To* 31.3.55

Throat and Ear House Surgeons
Mr. D. J. Davies 3 *months at Guy's then* 3 *months at Orpington*

Dermatological House Physician
Mr. P. Cook 3 *months*

Genito-Urinary House Surgeon
Mr. W. S. Lund 3 *months*

Neurological House Physician
Mr. R. W. Edmonds 6 *months*

House Surgeon to the Thoracic Unit
Mr. J. C. C. Kendall 3 *months*

Children's House Physicians
Mr. K. A. Hillard 3 *months*
Mr. O. H. Shaheen 6 *months*

Children's House Surgeon at the Evelina Hospital

Miss J. E. Banbury	3 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. N. A. G. Leadbeater	3 *months*
Mr. D. P. Honey	6 *months*

House Physicians in the York Clinic

Mr. B. L. Mallett	3 *months*
Mr. M. J. Craft	*To* 31.3.55

Resident Anæsthetists

20.9.54—19.9.55	Mr. P. G. Dunbar
7.1.55— 6.7.55	Mr. C. Bishop

R.M.O.'s in Nuffield House

4.3.55—17.9.55	Mr. P. J. Frost
18.3.55—17.9.55	Mr. E. Moran

House Surgeons in the Orthopædic Departments of Guy's Hospital and Orpington Hospital

Mr. R. J. S. Milton	3 *months*
Mr. I. U. Fraser	3 *months*

GUY'S HOSPITAL

DENTAL HOUSE SURGEONS

General Duties: Mr. A. H. Greenwood; Mr. H. C. F. Hudson; Mr. J. Metcalf.

Resident: Mr. D. A. Lambert.

Prosthetics Department: Mr. B. T. Davies.

ASSISTANT DENTAL HOUSE SURGEONS

General Duties: Mr. R. D. G. Stevens; Mr. J. Metcalfe; Mr. C. J. Booth; Mr. C. B. G. Major.

Children's Department: Miss A. F. P. Pountain.

Preventive Dentistry Department: Mr. A. S. Baker.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

SUNNY SPAIN. Come and enjoy the delights of fiesta atmosphere at **Hotel Adriano** at **Lloret de Mar** on the beautiful Costa Brava. Our enthusiastic staff are eager to give you a warm welcome and first class service. English and Spanish cuisine. All modern facilities. Resident English hostess.

Gay and enchanting **Lloret** with its abundant sunshine offers you all you desire for the perfect holiday at all times of the year. Springtime is especially beautiful.

Terms from 18s. 6d. per day. Write for Brochure to A. Hayes, 60, The Upper Drive, Hove. Phone 58423 or direct to the hotel.

For Sale

BOAT 14 ft. INTERNATIONAL TYPE. Clinker built, half decked, 2 years old, in excellent condition, sails good condition. Came in 27th on handicap in the Round the Island Dinghy race 1953, winner of many races in local club. Good sea boat, fast and comfortable. Price £120. Also for sale Trailer £10. See by appointment 2 Chiswick Place, Eastbourne.

S.S.W. Ivory Tan Dental Operating Stool. £6. Chrome Trolley, 2 glass shelves 13 inches square, £4. Clev-dent mallet and chisels (53 & 54), 30*s*. Holms, 100 Harley St. WEL. 6345.

BINDING. Have your *Gazettes* Bound 10/6 per volume. Apply The Librarian, Wills Library, Guy's Hospital Medical School.

INDEX 1954 may be obtained free of charge from the *Gazette* Office or Wills Library—Binding Cases 4*s*. 6*d*. each.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Replies to Box Numbers should be addressed to *Gazette* **Office, Guy's Hospital, London, S.E.1.**

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Membership

R. J. Vale.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
February, 1955

Midwifery: D. P. Addy.

Amendment

In the last issue we mis-spelt the name of Dr. W. J. Pryn in the Primary F.R.C.S. results. We apologize for this error.

PAPERS BY GUY'S MEN

Allen, Clifford. The Investigation of the Psychoneuroses. *Med. Pr.*, 1955, **233**, 211.

Atkins, Hedley. Surgery in Cancer. *Practitioner*, 1955 **174**, 259.

Amendment

Hopkins, Philip. The General Practitioner and the Psychosomatic Approach. In "*Modern Trends in Psychosomatic Medicine*". Edited by Desmond O'Neill. Butterworth, London.

CHANGES OF ADDRESS

John G. Dixon, L.D.S.R.C.S., from Westwood, Southbourne Road, Bournemouth to Anlaby House, Baker Avenue, Salisbury, S. Rhodesia.

Richard Neve, F.R.C.S., c/o Dr. R. H. L. O'Callaghan, Kimberley, B.C., Canada.

R. A. J. Webb, M.B., B.S., c/o Medical Department, St. Vincent, B.W.I.

D. O. Wilkes, B.D.S., L.D.S.R.C.S., Brent Lodge, 854 Brighton Rd., Purley, Surrey (Tel. Uplands 6565).

BIRTHS

ASHKEN.—On 28th February, 1955 at Old Court, Hanger Lane, W.5, to Joan, wife of J. J. Ashken, M.B., B.S., a son (Malcolm) a brother for Julia.

FILOSE.—On 11th February, 1955, to Audrey, wife of Myles Filose, M.R.C.S., L.R.C.P., a daughter (Bridget Aileen), a sister for Franki and Nicholas.

HIRSCH.—On 1st March, 1955 at Queen Elizabeth Maternity Unit, Kings Lynn, to Audrey, wife of Paul Hirsch, M.B., B.S., twins, a son and daughter.

SICHEL.—On 7th February, 1955, to Betty, wife of G. R. McK. Sichel, M.B., B.S., of Welford, Nr. Rugby, a daughter (Jane Lydia).

TOMKINSON.—On 9th March, 1955, at Guy's Hospital, to Barbara, wife of John S. Tomkinson, F.R.C.S., a daughter (Claudia).

MARRIAGE

MOODY—SMITH.—On 3rd March, 1955, in Jamaica, British West Indies, Ludlow Murcott Moody, M.D., to Margaret Foster Smith, S.R.N., S.C.M.

PAMPIGLIONE—MORGAN.—On 16th March, 1955, at St. Pancras, London. Guiseppe Pampiglione, M.D. (Rome), to Sara Morgan.

EDS. { E.E.D.T.
P.S.B.

15 years of clinical opinion supports the use of vaginal tampons

The menstrual flow is unobstructed and completely absorbed

◆

There is a growing volume of clinical evidence to show that, because of the way in which tampons are made, they do not obstruct the menstrual flow and yet give complete protection and an improved sense of security (1-4).

Two research workers (3) observed that any discomfort experienced was due to the use of the wrong size. With a tampon of the proper size, absolute comfort and complete absorption of the flow is obtained. Another (4) found that there was no evidence of the irritation, congestion, discomfort or pain that would follow from blocking of the flow. He agreed with other observers that, where there was initial fear of incomplete absorption, actual trial brought reassurance. Most women having tried tampons, decided not to return to the use of external pads.

Intelligently used, vaginal tampons represent a decided advance in feminine hygiene. They may be recommended with confidence.

REFERENCES.

1. *British Medical Journal.* (1942). 1. 524.
2. *British Medical Journal.* (1952). 1. 24.
3. *Med. Rec.* (1942). 155. 316.
4. *Clin. Med. Surg.* (1939). 46. 259.

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GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

The Plight of the Registrars

BY a curious paradox, the introduction of the National Health Service, designed to stabilize the practice of Medicine throughout the country, has brought security to the patient, but uncertainty—often amounting to genuine distress—to a considerable number of medical practitioners. This uncertainty is felt most acutely among the junior grades of hospital staff.

The young man who aspires to consultant rank is often deterred from climbing the hospital ladder after his compulsory pre-registration year is over not only because the financial rewards are slim and the problems of accommodation (notably married quarters) sizeable, but also because the chances of reaching consultant status are few even if approach is made through a teaching hospital, and unless a vacancy of suitable type occurs at a suitable moment for a suitable candidate. The implication here would seem to be that there are too many candidates for too few senior posts. This appears to be true in practice today. Small wonder then that each year promising young men and women, whom the profession in this country can ill afford to lose, turn their eyes overseas where prospects of being able to practice medicine as a principal are vastly more encouraging. Others who remain avoid the hospital service. The consequence is that a serious shortage of hospital junior staff is now everywhere apparent in all but the great teaching hospitals of this country.

The twofold problem of this shortage of junior staff and of the uncertainty of the hospital service as a career has lately been examined by the Committee presided over by Professor Strachan whose report, in a revised form, is now available. The Strachan Committee has endeavoured to find means of attracting men and women back to the hospitals and with this aim there would seem to be general agreement. It has been stated, with a measure of truth which the increasing complexity of diagnostic and therapeutic measures might support, that real medicine and surgery is nowadays only practiced in hospitals. While we do not subscribe to this view, there is enough in it to make hospital work increasingly attractive. But one of their proposals—the creation of "an intermediate grade of hospital officer who shall bear responsibilities consistent with the performance of much of the regular medical, surgical and other treatment which makes up the work of the hospital while he is preparing for a consultant post . . ." has provoked a certain disquiet among the very ranks of those to whom it immediately applies—the Registrars. The proposed posts of "Senior Medical and Surgical Assistant" are meant to offer a career and a permanent security to those who follow the hospital service. In theory this proposition would seem to be generous and sound. In fact it is suspect on two specific grounds:—

1. That it establishes openly what is already covertly in existence—a body of *stand-ins* (for so the more resigned of non-teaching hospital registrars are apt to describe themselves) for those of consultant rank, doing consultant work at inconvenient times, bearing consultant responsibility at registrar's pay: deprived of private practice.
2. That the mere acceptance of a career in such a grade would immediately brand a man as a "failed consultant"—a stigma which the present insecure and impermanent registrar status does not in any way imply.

Those who are not registrars and are not engaged in the competition for the few consultant posts—those who have not experienced the disappointment of the man who is fully qualified and doing consultant work yet who cannot find a consultant post, scarcely appreciate the plight of these men and women. For years many of them have been hoping that consultant status was round the corner; for years they have toiled and studied, in many cases doing much back-breaking work; for years deprived (unlike their general practitioner colleagues) of the opportunity to engage in private practice, they have hoped that promotion would come their way. Now they are offered a *career* in hospital, doing "much of the clinical work which is too responsible for house officers, but often does not require the personal services of a consultant, provided it is carried out under his responsibility." Can you beat it? The effrontery of the thing! The Strachan Report indeed is at pains to emphasize, and re-emphasize, the fact that such a position is designed to give security to the man who is waiting and marked out for a consultant post. What is not emphasized and what arouses justifiable suspicion is the real probability that a consultant post will never come the way of the great majority of those sucked into such a senior subordinate station.

What is the remedy? The Strachan Report states, "obviously, the consultant establishment must be fixed in relation to the need for consultants and not to provide prospects for younger men". With this comment there can be little disagreement. The operative phrase would seem to be "the need for consultants". Not everyone, least of all a section of the consultants themselves, would allow that more consultants are needed. Nevertheless, a glance at the duties of registrars in non-teaching hospitals indicates that more consultant posts would do much to ease the work of a hospital which, when all is said and done, is *not* to provide a living for medically qualified men and women and others engaged in the organization of these great institutions, but to cure the patients of their ills. Delays would be avoided, decisions reached more quickly, confidence increased between doctor and patient when a man doing a job had the status attached to that job. There are some who go so far as to say that, except in teaching hospitals where their duties are predominantly those of teachers, Registrars are superfluous and the clinical work could be efficiently carried on by consultants and housemen only. There are others who say that if it is only a matter of increased expense which prevents the Ministry from creating more consultants the shortage of 837 junior staff revealed by the Strachan Report must, in itself, be saving the country around £1,000,000 each year. Then why not use that money to pay the senior men who might, and should, be appointed?

The teaching hospitals lie on the fringe of this problem. That they too will shortly be involved if the Strachan proposals are adopted, is obvious if only because promotion for junior staff would be by way of non-teaching hospitals in future—in other words, a man who climbs the ladder at his teaching hospital will be forced to leave before he can be considered for a senior post at that, or any other, hospital. It is surely of some significance that whereas before the war a promising man could reasonably expect to be appointed to the staff of a hospital in his early thirties (many of our present staff bear witness to this fact) today, at that age, similar men have only just started their specialist training. These facts should be thoroughly understood by junior men and women before they are imposed on them (as was the pre-registration year on those who started their student careers unaware of what was later to follow) and a copy of the Strachan proposals should be available to every senior student and junior houseman forthwith. After all, their livelihood and their careers are involved. There is a serious danger that, contrary to the well intentioned Strachan Committee's endeavours, the hospital service may yet contain features less attractive than it was their obvious desire to create.

Her Majesty the Queen visits Southwark Cathedral on 7th April, for the distribution of the Royal Maundy Money. Representatives from most parts of the Hospital have been invited to attend this ancient ceremony which is only rarely performed at Southwark.

On 11th April, next, Sir Charles Symonds retires from the active staff of the Hospital to which he was appointed thirty-five years ago. The long association with Guy's which he and his father before him have established make this event one of no small significance. The general affection with which he is regarded and his stature as a physician both professionally and (we might add) physically, have made him one of the most distinguished contemporary members of the staff. We comfort ourselves with the knowledge that the "retiring age" marks, in some formal way only, the steady passage of time. We understand that he will conduct his last teaching round next Wednesday. He will be greatly missed but we hope that we shall often see him among us when he achieves *emeritus* status. In our next issue we intend to publish an appreciation of his work among us.

Dr. M. J. F. McArdle becomes Senior Physician for Nervous Diseases and we take this opportunity of congratulating both him and Dr. Ian Mackenzie, whose popular appointment as Assistant Physician we may now announce, on their new posts in the Department of Neurology. They take up their duties on Sir Charles' retirement.

Mr. Peter Schurr has been appointed Second neuro-surgeon to the Guy's-Maudsley Neurosurgical Unit. We offer him our warm congratulations.

This year saw the centenary of Addison's masterly contribution on *Constitutional and Local Effects of Disease of the Suprarenal Capsules.* To commemorate this important milestone in medicine the Section of Endocrinology of the Royal Society of Medicine organized an Addison Centenary Symposium. This was held at Guy's on Wednesday, 23rd March, 1955. The programme included a demonstration of pathological specimens relating to Addison's work and a brief talk about them was given by Dr. P. M. F. Bishop. Two lectures followed Dr. Bishop's talk. They were given by Dr. John Sloper and Professor F. T. G. Prunty. After tea the Addison Lecture was given by Sir Lionel Whitby. His subject was "*The Evolution of the Treatment of Addison's Anœmia*". Sir Charles Dodds was in the chair and voiced the appreciation of a very large audience when he thanked Sir Lionel Whitby for a masterly lecture. It was indeed a great pleasure that our visitors to Guy's should have come for the Centenary meeting and that they should have joined us in hearing such a fascinating lecture by such an outstanding speaker.

Much thought and care has been given to the renovation of the fine wrought iron entrance gates to the Hospital. The repair work has been under the personal supervision of the Superintendent himself who has, we know, visited the iron works on more than one occasion to observe progress. The double gates were replaced a few days ago. We offer the painter of the Hospital Coat of Arms above the entrance our heartiest congratulations. It must be many years since the Shield and Supporters of the Hospital Arms were exposed to such colourful view. We believe that the gates themselves and the railings will in due course be painted thus setting a standard of spruceness which will be appreciated by everyone concerned with the Hospital.

We congratulate Dr. Glyn Davies, who for the past 6 years has been registrar and chief assistant in the Department of Anæsthetics, on his appointment as Consultant Anæsthetist to the Newport, Chepstow and Cardiff areas. Our congratulations also go to Dr. T. H. S. Burns who has been Research Fellow and Registrar in the Department of Anæsthetics, upon his consultant appointment to hospitals in North London. We send them our good wishes for their new work.

We congratulate Dr. A. A. Cashmore, at present Chief Assistant in the Department of Psychological Medicine at Guy's upon his appointment as Child Psychiatrist at Booth Hall Hospital, Manchester. Those of us who have been taught by Dr. Cashmore know of his great interest and enthusiasm in this branch of medicine and we all wish him pleasure and happiness in his new surroundings.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *The Knee.*
4th	M	1.00	Sir Russell Brock. Clinical Lecture. *Lung Abscess.*
5th	T	1.00	Dr. J. D. Dow. Clinical Lecture. *Radiological Diagnosis in Diseases of the Spine.*
14th	Th	5.00	X-ray Meeting. Gordon Museum.
15th	F	1.00	Dr. R. Kauntze. Clinical Lecture. *Treatment of Cardiac Arrhythmias.*
18th	M	1.00	Mr. T. L. T. Lewis. Clinical Lecture.

Thirty Years Ago

From Guy's Hospital Gazette, 14*th March*, 1925.

Doctors . . . take many years to grow, years during which they go from knowledge to knowledge, strength to strength, and poverty to poverty, until they arrive at that supreme position of necessitous importance, the resident house appointment. Here they rule, with what skill and charity they may, the lives and destinies of their confiding patients . . . They grow keen, capable and confident and feel that life is good. And it takes a long time to reach this height. Then comes the day, when the last appointment is over and the small doctor sits in his room, facing the future. Only the most courageous fail to wither in that hour. Life seems at an end, as it was for the unfortunate candidate who, after taking the primary fellowship examination eighteen times, was at last successful and so shot himself. With a definite aim in life, one can face all reverses cheerfully; with nothing but uncertainty before one, life is insupportable. *It is this hopeless sense of uncertainty that withers the young doctor. The Profession is overstocked;* the daily newspapers are full of articles on the superfluity of doctors . . . but the modern situation carries with it a certain lure of its own. To hang on and see what happens is thrilling enough if one has patience. Maybe next month one may have acquired a lucrative post or exhausted the very last source of credit, and in either case it was worth living for. Anything may happen. One may marry an heiress or get run over by a bus or go mad or suddenly become rational, and it is all a very excellent practical joke.

NOTICES

RESIDENTS' PLAY—RECORDS 1955

There are still some copies of the Song Selection available, price 12/6*d*. (Postage and packing 1*s*. extra). These records are of a normal commercial standard, and extracts from eight of the songs are included. They are obtainable from the Medical School Office on personal application; orders by post, enclosing remittance, should be sent to "M. D. Vickers, c/o The College, Guy's Hospital."

INNOMINATE CLUB DINNER

The annual dinner will be held this year on Friday, 3rd June, at the Trocadero Restaurant. H. E. Blake will be in the Chair. All those who wish to attend please communicate with the Honorary Secretary, G. T. Hankey, 89 Harley Street, London, W.1. Tickets are 25*s*. each.

THE 1955 EXHIBITION OF PAINTINGS AND PHOTOGRAPHS

will be held

between 6th and 18th June inclusive,

in the Gordon Museum.

ALL members of the Hospital in every department, staff, students, nurses, medical auxiliaries and members of the Works Department are invited to send in work. There will be no selection committee but space available will limit each person's entry to *three* in each half of the Exhibition.

Paintings, drawings and sculpture will be welcomed by Miss P. Carter in the Medical Illustration Department, between 23rd—28th May. Any size and mounted and framed if possible.

Photographs should either be addressed to the Exhibition Secretary, Miss G. Cavalot, Guy's Hospital Photographic Society, or delivered to the Photographic Society Darkroom, Medical School, between 1—2 p.m. during the same week, 23rd—28th May. This half of the Exhibition will be divided into sections, for owner-processed, trade-processed and colour work, and exhibitors are asked to mark their entries accordingly. Black and white prints should preferably be larger than half-plate and mounted on flat card. Colour prints and transparencies of any size are acceptable.

A special section of the Exhibition will be called "The Borough, 1955", and will be a photographic record of life in and around the Hospital.

ALL ENTRIES must have on the back the title (if any), name, address and department of the exhibitor. The organizers of this exhibition will try to take every care of the exhibits but are unable to protect them from the borough dirt.

DEPARTMENT OF MEDICAL ILLUSTRATION
GUY'S HOSPITAL PHOTOGRAPHIC SOCIETY

PUPILS' PHYSICAL SOCIETY

A successful joint Meeting of the Pupils' Physical Society with the St. Thomas's Pupils' Physical Society was held at Guy's on Thursday, 10th March, 1955. Some 80 members from the two Societies were present and the meeting followed the traditional course. Clinical cases were seen before dinner and there was a selection of pathological and photographic exhibits on view. After dinner the clerks presented the case histories and after some discussion, diagnoses were reached. It was a great pleasure to entertain our erstwhile hosts from St. Thomas's and we will look forward to our next joint meeting in the autumn.

N.A.P.T.

The Fourth Commonwealth Health and Tuberculosis Conference will be held at the Royal Festival Hall, London from the 21st to the 25th June. It is organized by the National Association for the Prevention of Tuberculosis. Many distinguished speakers from all over the world will be present and the programme will include lectures, scientific meetings, discussions and visits to sanatoria, hospitals and clinics. Those who are interested should get in touch as soon as possible with the Secretary, N.A.P.T., Tavistock House North, Tavistock Square, London, W.C.1.

SAYINGS OF THE GREAT

A Physician

It's very easy to produce a new disease by a little contribution to the literature here and there.

. . . but *why* didn't she eat this piece of potato?

OBITUARY

HUBERT HOUSSEMAYNE DU BOULAY, M.R.C.S., L.R.C.P.

Dr. H. H. Du Boulay, a distinguished old Guy's man, died at the age of 94 on 1st March, 1955. He was the eldest son of the Reverend James Houssemayne Du Boulay of Winchester College and Guy's. He qualified at Guy's in 1885 and practised at Weymouth for 35 years after holding house appointments. During the first world war he was attached to an Australian Military Hospital as an Ophthalmologist, which speciality he practised for most of his life, in addition to managing a large private practice. He devoted many years to work with the St. John's Ambulance Brigade and was an Associate of the Order of St. John of Jerusalem. In his later years his fellow citizens of Weymouth demonstrated their esteem and affection by making him a freeman of the Borough. To his sister, a Guy's trained nurse and to other members of his family we extend our deepest sympathy.

GEORGE HERBERT HIND MANFIELD, *M.C.*, M.R.C.S., L.R.C.P.

Dr. G. H. H. Manfield died on 17th March, 1955, in Nottingham General Hospital.

He was born at Ixforth Thorpe, Suffolk on 24th July, 1877, and was educated at Framlingham College. He studied medicine at Guy's Hospital and qualified in 1901. After holding one or two house appointments, he took a general practice in Shenstone, Staffordshire.

While at Shenstone he soon established a reputation as a horticulturist, a keen tennis player and captain of the local cricket club. His slight lameness had prevented him from being accepted for Guy's Hospital Volunteers, but when the 1914 war broke out he joined the R.A.M.C., and was attached to the Lincolnshire and Leicestershire Regiments in France where he was awarded the M.C. for gallantry. He also saw service in Salonika.

In 1919 he returned to Guy's for a year. Then he worked for the Ministry of Pensions in Derby and Nottingham, finally taking over the practice in Nottingham where he remained for 32 years. For more than half that time he was Honorary Surgeon to the Nottingham and Notts. Throat, Ear and Nose Hospital until its amalgamation with the General Hospital under the new scheme.

Despite the increasing strain of an additional practice and the numerous medical boards during the war of 1939-45, he continued to work at the same pitch and remain a member of the Medico-Chirurgical Society. Nobody was ever turned away from his door simply because the surgery hours were long over. His life was service to others.

PHILIP TURNER, M.S., F.R.C.S.

Dr. M. Mitman sends us this additional note:

Philip Turner was fortunate in securing a new lease of agreeable professional life after he had retired from Guy's. His ten happy years at Joyce Green rejuvenated him, despite the fact that they entailed the monotonous grind of E.M.S. surgery in a vulnerable L.C.C. hospital. His personal qualities helped him enormously in this task—his quiet tenacity, his loyalty and his willingness to serve in any capacity. Joyce Green was in the Guy's sector and was staffed mostly by Guy's men. A new generation of House Surgeons came to be instructed, left to join the Services, and returned to visit their teacher, whose amazing memory for names seldom failed him. The struggling new school of nurse training at Joyce Green found a willing lecturer in surgery who never failed, year in year out, to turn up for his classes. Whenever the General Nursing Council were short of an examiner—a not infrequent occurrence during the war—Philip Turner could be relied upon to fill the gap, undertaking difficult rail journeys to uncomfortable hotels providing inadequate fare. Although exempt from fire-watching because of his age, he insisted on participating; indeed, he was among the first at the site of any bombing incident in the hospital—day or night. As Senior Surgeon to the hospital and Consultant for the Dartford group of hospitals, he could have delegated less agreeable tasks to his junior colleagues; it was typical of him that he willingly shared with them a rota of night duty, not only for war casualties but also for civilian emergencies. He acted as surgeon to the staff and no condition was too trivial for his personal, meticulous attention—a trait which endeared him to them. This willingness to undertake surgical chores was the secret of his success in his appointment. Spectacular war surgery had not materialised to the extent anticipated, and the E.M.S. found itself expected to undertake a good deal of routine civilian work, often uninteresting. Fortunately, ambition's gory hand took no part in Philip Turner's surgery; he was content to undertake anything assigned to him, although he was not uncritical of the surgical failures of others which were sometimes transferred to his care.

No account of his life at Joyce Green would be complete without mention of his participation in the social life of the hospital. He was resident in the house once occupied by the Superintendent, who had laid out the grounds of the hospital. Philip Turner's interest in the rare flowering shrubs and trees brought him back repeatedly to Joyce Green to enjoy the seasonal high lights of the grounds. The Social and Sports Club of the hospital had to provide recreation for a large war-time staff unable to go far beyond the hospital boundaries. As Treasurer of the Club for 10 years, Philip Turner exercised a considerable influence on planning the programmes and an amazing energy in participating in the functions. Sports days, Prize-Givings, Reunions, Christmas plays and pantomimes all claimed his active interest; but his most amazing performances were at the hospital dances, which he attended with great regularity, and where he put to shame all younger men by his unflagging energy. To those who knew this side of his character it was perhaps not quite such a surprise to learn that as a student he had climbed to the top of Hunt's House and implanted an article on the spire.

The shadow of war passed; in the fitful light of peace the National Health Service was slowly emerging. Philip Turner could have retired at the end of the war, but he was willing, nay anxious, to stay on as long as he was needed. Again, he could have retired after his serious attack of pneumonia in 1947; instead he carried on until 1950, when the difficult transition period of the new service had passed. He had brought distinction to the department of surgery at Joyce Green; the inspectors of the Royal College of Surgeons acknowledged this when recognising unhesitatingly the resident posts for the F.R.C.S. In his retirement to Chelsea he was a lonely, sometimes pathetic figure, often to be seen lunching at the Royal Society of Medicine. Few realise that he had the unusual distinction of serving as President of three sections of the Society—Surgery, Pædiatrics and Clinical. For some three years before his death he was becoming slowly crippled by arthritis, which he faced with his usual calmness and fortitude. He turned for help to the third of the hospitals which he had long served—St. Mary Abbott's, where he had been Consulting Surgeon from 1922 to 1939; and there he died peacefully.

The tree he planted at Joyce Green when he retired will remind us of the gentle surgeon who endeared himself by his loyalty and his spirit of service.

We publish the following advertisement without charge and without comment :

NEW CLINIC FOR CHRONIC SUFFERERS

Dear Sir/Madam,

This is to inform all Sufferers that we have opened a new clinic at the following address under the direct supervision of a qualified Physician and Surgeon, who treats all the chronic diseases like: Diabetes, T.B., Asthma, Sprue, Rheumatism, Sexual Impotency, Spermatorrhea and Nervous diseases and many other diseases which are pronounced hopeless by other doctors. Latest mode of treatment is adopted in our clinic. PLEASE NOTE THAT THE POISONS OF SNAKE AND SCORPION BITES ARE TREATED SUCCESSFULLY IN OUR CLINIC. This clinic is run under the guidance of Dr. G. N. Bharucha, H.M.B.S., R.M.P. (Specialist in chronic diseases) Late of S.H.M. Hospital (Bihar). Our clinic will give day and night service. Fees are nominal

Visiting Time: 9 to 12 (Morning)
3 to 6 (p.m.)

Contact at:
Dispensary,
Photographer Lodge,
43 Rest Camp Road, DEVLALI.

AUTO-IMMUNE HÆMOLYTIC ANÆMIA TREATED WITH ACTH

By H. J. GOLDSMITH, M.D. M.R.C.P.
Medical Registrar, Central Middlesex Hospital

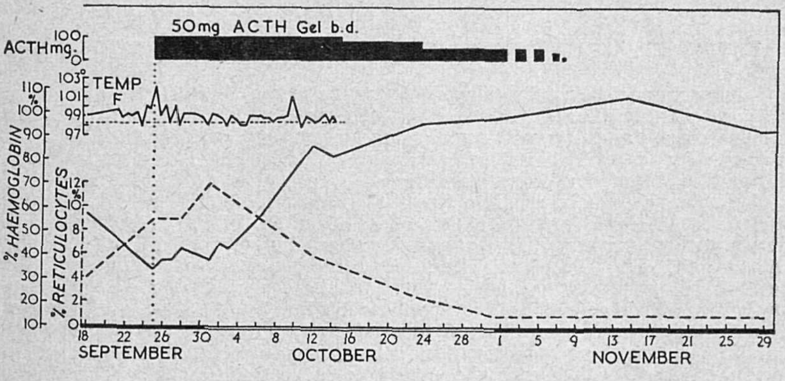
The M.R.C. Panel on Hæmatological Applications of ACTH and Cortisone reported (1952, 1953) that of 19 patients with hæmolytic anæmia only 8 showed a satisfactory response to treatment with ACTH. Dameshek (1952) claimed satisfactory responses in 14 and lesser improvement in 6 of 22 patients, using a larger dose and more prolonged treatment than the M.R.C. panel. Rose and Nabarro (1953) record some satisfactory responses.

This report is of a single case of auto-immune hæmolytic anæmia which responded completely to a long, uninterrupted course of ACTH at high dose level.

Case Report

A schoolgirl, aged 13 years, was referred by her general practitioner for a blood count: she had become increasingly pale, tired and short of breath on exertion during the previous three weeks. Hb. 8.4 Gm.%, P.C.V. 23%, Rbc. 2.8.mill. per cu. mm., MCV 82 cu.μ MCHC 36%, Reticulocytes 4%; marked anisocytosis and polychromasia. Osmotic fragility: hæmolysis commenced at 0.52% NaCl—normal. Wbc 6200 per cu. mm; Film showed normal distribution and normal platelets. Direct Coombs reaction strongly positive. Antibody eluted from the Red Cells was non-specific. Urine contained bilirubin.

She was admitted to Hospital on 21.9.53 and found to be febrile (99-100°F). There was marked pallor with slight conjunctival icterus. The liver, spleen and lymph glands were not enlarged. By 25.9.53 the hæmoglobin had fallen to 5 Gm.%, the serum bilirubin risen to 3 mg.%, and reticulocytes to 9%. Treatment with corticotrophin (Acthar Gel) 50 mg. twice daily i.m. was started on that day.



The response to treatment and the duration of ACTH therapy is shown on this diagram

The progress of the disease was at once arrested; fever decreased, icterus disappeared, pallor was replaced by a pink flush. The hæmoglobin rose by only 1.3 Gm.% during the first week, but by 6.4 Gm.% during the next 10 days, thereafter continuing to rise more slowly. Reticulocytes showed an initial rise and subsequent fall to normal levels. The direct Coombs' reaction became negative on the 18th day; the E.S.R. was initially raised and large red cell aggregates formed in the first few minutes; this phenomenon lessened steadily, the E.S.R. becoming normal by the 5th week.

The dose of Acthar gel was reduced stepwise—to 75 mg. on the 22nd day, 50 mg. on the 30th day, 50 mg. alternate days on the 37th day, and discontinued on the 44th day. Side effects were moderate: a moon face lasted for several weeks.

acne vulgaris of the face and chest became prominent, but there were no psychological changes and menstruation was resumed on the 75th day from the commencement of treatment. Subsequently she has remained clinically and hæmatologically normal until the date of writing (September, 1954).

Though cases such as this invite discursive comment it suffices to say that in auto-immune hæmolytic anæmia transfusion often intensifies hæmolysis and the effect of splenectomy is unpredictable and rarely satisfactory: many cases relapse after treatment with ACTH or cortisone. It may be that these hormones temporarily suppress the hæmolytic process without exerting any action on the pathological process underlying the production of antibodies: if this pathological process is spent when treatment is suspended, we encounter a cure; but if it persists the patient relapses. It is perhaps more optimistic to envisage the hormones as breaking a vicious circle, and reasonable to think that larger doses of ACTH than were first used in this country given for a prolonged period may be more efficacious than lower doses and shorter courses.

The dose of 100 mg. corticotrophin daily as Acthar gel used here may seem moderate, but our experience suggests that the gel is more active, unit for unit than aqueous ACTH given i.m. in divided doses. This opinion receives some support from the experiments of Bayliss (1954). The date of previous British papers suggests that aqueous ACTH was used.

My thanks are due to Drs. G. Discombe and J. V. Dacie for help in the preparation of this note and to Dr. R. A. J. Asher for permission to publish.

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THE ANNUAL DENTAL CLINICAL MEETING

As usual on the first Saturday of March the Dental School was thronged with past and present students looking round the various departments to see the new trends in dentistry, the current teaching and last, but not least, their colleagues and friends. The following is a short account of some of the items that were presented during the morning and afternoon sessions.

Starting in the Conservation Room there were some table exhibits. Interest was shown in elastic impressions for inlay and bridge work. There were models demonstrating its use and also patients for whom inlays or crowns had been made using this new elastic material. Restorative techniques and materials were shown in several displays. Bridge work, abutments and design, gold inlays and the use and misuse of amalgam fillings were amply dealt with. Root treatment, its technique and instrumentation was explained fully, aided by photographs and radiographs. Evidence of research was apparent by the studies in chewing. These showed the force exerted between the teeth when eating various food substances. The Children's Department remained a popular corner for as many as could find room inside. Many aspects of orthodontic treatment were covered, including early treatment and removable appliances. During the day films were shown of studies of orofacial muscular behaviour of significance in orthodontics.

During the afternoon there were many clinical cases present in the Conservation Room. These were some of the interesting patients who had attended the department over the past year. Among them was the case of the adeno-cystic carcinoma of the palate reported in the 1st March, 1955 issue of the *British Dental Journal* and a case of cervico-facial actinomycosis.

In the Prosthetics Department clinical cases, and the operations of alveolectomy and the surgical preparation of the mouth for dentures were demonstrated. Palateless upper dentures and immediate dentures were featured together with a method of electrolytic polishing for chrome-colbalt dentures. In the mechanics laboratory various aspects of the students' work were laid out for all to examine—and commend or criticize. On the same floor, in the Photographic Department, was a vast array of colour transparencies and monochrome prints of clinical and technical interest, whilst in the Department of Dental Medicine there was a demonstration of Oral Pathology and an experiment to show the measurement of the parotid gland function in man. An analysis of a month's work could be found in the Casualty Department. In the Preventive Dentistry Department one source of interest was the demonstration regarding penicillin injections. The method of administration, site of injection and the preparations used were explained. Clinically, wire splinting and a flap operation for the removal of an intra-bony pocket were performed.

As ever, the operating theatres were a centre of attraction and the operations were varied.

At the end of this brief summary tribute must be paid to those who must have spent long hours in preparation and had given such careful thought to the presentations of the material.

A.F.P.P.

THE DENTAL SOCIETY DINNER

The 49th Annual Dinner of the Guy's Hospital Dental Society was held on Saturday, 5th March, 1955, at the Park Lane Hotel. This most successful event followed the annual clinical day in the Dental School.

The guests who included many visitors from other Dental Schools, most of the Staff of the Dental School and Department and many representatives of the medical profession were received by the President Mr. Kenneth Hooper and Mrs. Hooper. The dinner was its usual gastronomic success and was followed by toasts to the Queen and the Royal Family, both proposed by the President.

The toast to Guy's Hospital and Schools, proposed by Surg. Rear Admiral (D) L. B. Osborne included a tribute to many old Guy's men, in particular those great teachers of his time, Mr. Montague Hopson and Mr. E. C. (Joey) Hughes. Admiral Osborne, looking along the top table at an impressive array of visiting Deans and Consultants said that in the presence of so many examiners he had what he described as "that mat feeling". Those members of his audience who had themselves stood

A Group, including the Committee, taken at the Dental Society Dinner

D. A. Rees E. J. Taylor C. Berwick H. R. Singer H. Pritchard A. Wheeler
(Asst. Dinner Sec.)
C. E. Rees D. Keane R. Barber
(Dinner Sec.) (Asst. Sec. Dental Soc.)
J. Wolfle Mr. Kenneth Hooper Mrs. Hooper D. F. Crouch
(Hon. Treasurer) (President) (Sec. Dental Soc.)

upon the Dean's mat evidently knew just what he meant. In response, Mr. F. S. Warner, Sub-dean of the Dental School said that the last year had seen few changes at Guy's. There were no new buildings and indeed the Hospital news was rather barren but the progress of the School was very satisfactory. Mr. Warner spoke of the great interdependence of the School and the Hospital and spoke with warm appreciation of the helpfulness and consideration of the Governors of the Hospital. He spoke of the enduring spirit of the School and reminded us of the visit of some South African dental surgeons last year when the milk churn was produced so triumphantly for these worthy sons of Guy's, many of them noted rugby men of their day. The retirement of Messrs. Pritchard and Kenshole during the last year was, he said, a source of great regret to the Hospital and School.

The toast of the visitors was proposed by Professor W. E. Herbert who welcomed student guests from University College Hospital, K.C.H. and Birmingham University. He expressed our pleasure at the presence of the Deans and Sub-deans from King's College Hospital, University College Hospital, The London Hospital, the Birmingham and Sheffield Schools, The Dean of the Faculty of Dental Surgery and the Matron of Guy's (Miss Jean Addison). Among other welcome and honoured guests were the Headmaster of Christ's Hospital whose school has so close a link with Guy's dating back to the time of Thomas Guy's will, the President of the British Dental Association (Mr. T. Hindle) the Chairman of the South East Metropolitan Regional Hospital Board (Mr. K. I. Julian), Dr. D. W. Logan, Principal of London University and Professor Sir James Paterson Ross. In replying to this toast Sir James Paterson Ross caused great amusement by his opening remark that it was a great pleasure to be able to speak to dentists, especially as his jaw was not forced well open or packed with wadding. He spoke of his great personal pleasure at being invited to the Dinner and past personal links with Guy's. He was a member of the Court of Governors before 1948 and since then has been a member of the Council of Governors. He spoke of the friendly welcome to Guy's meetings that was always given to visitors from outside and of the happy association which existed at Guy's between the Medical, Dental and lay Staff. The last toast was that of the President, proposed by Mr. G. B. Pritchard who recalled many happy holidays with his family and that of Mr. Hooper they had spent together and he spoke of Mr. Hooper's wide interests including painting, rifle shooting and heraldry. In reply Mr. Hooper spoke of the activities of the Dental Society during the year and of the high quality of student work at Guy's. The success of the Dinner, he assured us, was due so much to Mr. Crouch, the Secretary, and the members of the organizing committee.

In reply Mr. D. F. Crouch, this year's Secretary, gave a most interesting resumé of the activities of his Society during the year and offered his thanks to all those who have helped him and his committee in their work. After the Dinner the formal part of the gathering concluded, old friendships were renewed and this served to bring to a close a most successful social function. The 1956 Dinner, the 50th of the series, will, we know, be awaited with eager anticipation.

A Further Gem from the Orient (printed, without comment, as received)

YOUR DESTINY IS IN YOUR HAND

Your Future Will Be Revealed By
The World Renowned Palmist
Spiritualist
Consult
PROF. T. A. BAKSH
43 Free School Street, Calcutta, 16

N.B. Loss of vitality and nervous debility cured with guarantee

"WHY WORRY ABOUT YOUR FUTURE"

Prof. T. A. BAKSH can solve your worries by his spiritual powers. Consult him at once, Regarding Love, Service, Health, Marriage and Difficulties, and enjoy yourself in this World.

He can also cure you from the loss of vitality and nervous debility with guarantee.

Highest testimonials about his Forecasting and Spiritualism from Eminent personalities like Governors, Lords C.I.Cs., Admirals, Maharaja's and other persons High and Low, Rich and Poor Officials and non-Officials.

"READ WHAT OTHERS SAY"

Prof. T. A. BAKSH predicted that I will get job in the Govt., has come true, I am since appointed in Income Tax Dept., I recommend Prof. T. A. BAKSH to those who seek advice regarding, Service, Health, Love, Marriage, etc.

Signed: Khan Bahadur A. W. Khan Gar.
10/4/52

I came to Prof. T. A. BAKSH at a time with a problem which was insolveable and was doubtful if he will be able to help me in this connection, by his powers, I am surprised that within short period, he solved all my problems to my entire satisfaction. I can confidently recommend him to any one who wish to get their difficulties (domestic or otherwise) solved by him within no time.

Signed: C. Blomfield
2/1/52

Prof. T. A. BAKSH helped me to recover Treasure which I had assumed completely lost. I am extremely grateful to him and assured that he is able to perform almost miracles and I cannot praise him highly enough, I recommend to those all ILL FATED persons to go and see Prof. T. A. BAKSH who will advise them to come out successfully out of all the troubles.

Signed: J. O. Neals
31/12/51

(*N.B. These are few out of Thousand Certificates he has*)

BALLAD OF EPONYMS AND STEADILY INCREASING CONFUSION

I

I got the ligaments of Astley Cooper right
First time, and with an effort came to know
Wharton and Gimbernat ; and later Bright,
Graves, Paget, Hodgkin, Addison ; by slow
Degrees but sure the list began to grow
And with aggrandisement ungainly grew—
Brudzinski, Smellie, Viet and Mauriceau,
I think that I shall not remember you.

II

Increasingly I found the task not quite
Congenial, and more acutely so
When Stengel-Wolbach sidled into sight,
Arnold-Chiari, Queckenstedt, Fallot,
Hand-Schüller-Christian, and with them, lo !
Landouzy-Dejerine, Bordet-Gengou ;
Before my gaze you shuffle to and fro ;
I think that I shall not remember you.

III

Quit, quit my cortex in disordered flight
Into the blank Subliminal below,
Your grey heads nodding like a field of blight,
Veined hands gesticulating, eyes aglow ;
I hear you carp and chitter as you go,
Erb, Zuckerkandl, Hanganatziu,
Von Hippel-Lindau, von Economo ;
I think that I shall not remember you.

ENVOI

Prince, round your lofty brow the cobwebs blow,
Dust rots your musty trappings through and through,
You may join Charcot-Marie-Tooth & Co.,
I think that I shall not remember you.

P. J. E. WILSON.

CORRESPONDENCE

Letters to the Editor of the Gazette

Instruments of Historical Interest

SIR,—We have in the Department of Obstetrics and Gynæcology, a small collection of historical obstetric forceps and gynæcological instruments. I am most anxious to enlarge this collection into a really comprehensive display. May I, through the courtesy of your columns, request that if any of your readers possess any old instruments pertaining to obstetrics and gynæcology, they send them to me for inclusion in this collection.

Yours etc.,

VICTOR BOCKNER,

Assistant to the Director, Department of Obstetrics and Gynaecology.

Small Shopkeepers' Buff

SIR,—Napoleon himself could not have spoken more scornfully of the shopkeepers of this country than you did in last week's *Gazette*. You seemed particularly anxious to emphasize that the people who had annoyed you so (by making a suggestion about National Health Service contributions) belonged to an association of *Small* Shopkeepers, as if one could scarcely imagine a lower form of life in these islands (down to the vermin level perhaps? I dare say most of them vote Tory).

With all due respect, aren't you being extraordinarily pompous when you proclaim that these people (and, apparently, all other members of the population who do not possess medical degrees) have no business to be making suggestions of this sort? The shopkeepers' idea, I gather, is that those who have contributed out of their earnings towards the cost of the National Health Service—but who have not needed to take advantage of the services which it offers—should be awarded a sort of "no-claim bonus" at the end of the year. This may not be a very practicable suggestion, but it has its attractions, both from the patient's and the doctor's point of view; it certainly is not in any way offensive towards the medical profession; and I cannot see why it should have aroused such testy and ill-natured comment in Passim. I agree with you that the idea, in the unlikely event of it ever being adopted, might result in some people staying away from their doctors for purely financial reasons, with possible serious results in a few cases. However, we must remember that *both* political parties have now abandoned the idealistic conception of a completely "free" Health Service, which they conceived together during the War, and have imposed charges on medicines, appliances, and dental treatment, which are in principle just as much out of keeping with your rather Utopian ideas on the "essential features of preventive medicine" as the suggestion which you so contemptously dismiss.

The main point, though, is not the pros and cons of the proposal, but the right of the people concerned to make it. After all, they are not trying to tell doctors in the National Health Service how to do their job. They are discussing the problem of who foots the bill. Doesn't this concern even the smallest shopkeeper just as much as it concerns any other patient, taxpayer, or weekly insurance contributor?

Yours, etc.,

T. B. BREWIN.

Hospital Patients from General Practice

SIR,—I was amazed to read from Dr. W. M. C. Hallinan's letter (Guy's Hospital *Gazette*, 19th March) that out of a partnership total of 3,000 patients, almost 500, or one third of the total had been referred to hospital in one year.

Most general practitioners will agree that about one half to one third of their lists are never or rarely seen at all, and all the attention given is to the remaining "sickness prone" one third. Thus it would seem that almost each one of the patients referred to by Dr. Hallinan belonged to the "sickness prone" group and were sent to hospital for some reason or other. I think this is a fantastic figure, especially when one considere the relatively small total of 3,000 patients is involved.

This makes one wonder what would happen to the 3,000 "risks" of Dr. Hallinan were they to live in a very rural area and a long way from all the ancillary aids to diagnosis. The practitioner would of course have to rely very much on his own clinical methods as we were taught to do so at Guy's in the past. There are many investigations that must be done, such as the elimination of a neoplasm, or the investigations needed in an infective asthma; but it is a very different matter when (so I have been told) many practitioners have printed letterheads with their names and addresses and the words "Please see and treat". All that evidently needs to be added is the unfortunate patient's name and address, and the name of the unfortunate consultant to whom this circular is sent.

As a general practitioner of almost thirty years standing I can say with certainty that the only way to enjoy medicine is to *practice* medicine, and to avoid thinking in terms of "yearly turnover" of patients. In this way, three things will have been accomplished—the thanks of a patient (very often just as busy as his doctor) who has not to waste a day at a hospital for an unneccessary consultation. The gratitude of the hospital staff for the same reason, and most important of all, a great sense of satisfaction of having carried out one's work with interest and thus (usually) with efficiency.

Yours, etc.,
EMMANUEL ROBINSON.

The Birches,
St. Michael's Road,
Llandaff, Cardiff.

Ipswich Re-Union Dinner

SIR,—May I be permitted, through the medium of the *Gazette* to draw the attention of all the Guy's men living in East Anglia to a Guy's re-union dinner which will be held at The Great White Horse Hotel, in Ipswich, on Friday, 20th May, 1955, at 7.30 p.m. for 8 o'clock. Notices of the gathering with forms for application for tickets have already been sent to Guy's men known to be resident in the area. It is more than likely that some who would like to come have not been notified. To these I would apologize and ask that they communicate with me.

Yours, etc.,
HUJOHN RIPMAN.

Red House,
Sproughton, Nr. Ipswich.

P.S. The last such re-union was greatly enjoyed by more than 20 people.

Dressers' Technique

SIR,—I was interested to see the letter in the *Gazette* (19th March) from a "dresser," suggesting the need for instruction from ward and theatre sisters, etc.

I think a few classes on dressing technique and bandaging would be appreciated by the majority of students; even if not at the time, later, when they leave their "alma mater" and go elsewhere or become general practitioners.

Also, I think ward sisters would welcome their help with dressings if they could be sure they would be carried out correctly.

Perhaps these suggestions are trespassing in the registrars' precincts?

Yours, etc.,
EX-GUY'S NURSE.

Mountaineering Equipment

SIR,—Some of your readers may have read of the formation of a Mountaineering Club at Guy's. The Club is now becoming quite well established. We lack, however, any equipment beyond that which is the personal property of various members. While, of course, each climber should, ideally, own his own equipment, in a Club such as ours, there are bound to be novices who are wanting to try the sport and yet who cannot afford to buy the more expensive items of gear at the start. We are hoping to establish a small stock of climbing equipment, maps, and guide books. If any of your readers have any of these items for which they have no use, we would be very grateful for them.

Yours etc.,
P. S. BOULTER,
Secretary, Guy's Hospital Mountaineering Club.

Guy's Hospital, S.E.1.

REVIEWS

Principles of Biochemistry. By ABRAHAM WHITE, Ph.D., PHILIP HANDLER, Ph.D., EMIL L. SMITH, Ph.D. and DEWITT STETTEN, Jr., M.D., Ph.D. McGraw-Hill Book Co. Inc., 1954. *Price* $15.00.

"Emphasizing the application of biochemistry in medical practice, this excellent book is a critical exposition of the fundamental principles of the science," says the blurb on the dust-jacket, modestly. Large claims, doctors, and one is bound, with three professors and an M.D. as the co-authors, to take them seriously. The preface tells us that great care was taken in the preparation and certainly this is apparent.

The book is divided into seven parts : (1) Chemical Composition of Cells, (2) Catalysis, (3) Metabolism, (4) Body Fluids, (5) Biochemistry of Specialized Tissues, (6) Biochemistry of the Endocrine Glands and (7) Nutrition. To take the worst first, Part (5) is not up to the standard of the rest. Muscle tissue and blood are quite well done, nerve, connective tissue and the eye fairly well, but the sections on skin, liver and bone rather poorly ; the last two (liver and bone) are quite inadequate. Next in order, perhaps, comes Nutrition (Part 7), which is too brief for satisfactory treatment. Section (6) (Endocrine Glands) is rather patchy, the hypophysis, adrenal and gonad being, as might be expected, much the best. The remainder of the book must, in general, receive high praise. The background chemistry, with plenty of beautifully printed formulæ and with an adequate and up-to-date physical outlook, is most helpful. The sections mainly on enzymes (Catalysis and Metabolism) pick their way with skill and clarity through the maze of rapidly-developing contemporary ideas. The part on Body Fluids is largely physiological and clinical : it will interest those who specialize in such subjects as maintenance of internal pH and of electrolyte balance. These are intelligent discussions on the secretion of HCl by the stomach and on the excretion of hydrogen ions by the kidney : the ideas expressed here may come as a surprise to many who have not followed recent thought and experiments in these fields. Blood proteins and blood clotting receive due attention and there is a fascinating and provocative chapter on evolution and genetics.

This is, to sum up, a book of some standing. The authors have gone (in general) to good reviews for their sources (freely named in a useful bibliography) and have intelligently and, on the whole, in an interesting manner written up their material into something like integrated pictures. Only in a few subjects, e.g., bile acids and fat digestion (where reviews are out-of-date or controversial) and (unaccountably) in liver and bone metabolism, can they be said to have failed. Perhaps these faults, and a few poor photographs, can be put right in later editions; meanwhile we must welcome a real landmark in and contribution to biochemical literature. This is not a biochemical specialist's book and not one necessary for the average medical student (it is too detailed), but members of the staff and others who wish to refresh themselves with a present-day view of biochemistry will not regret a decision to buy it.

G.A.D.H.

An Introduction to Pathology. By G. PAYLING WRIGHT, D.M., F.R.C.P. Second Edition. 1954. Longmans Green & Co. Ltd. Price 40*s*.

Professor Payling Wright's admirable book has reached the second of what is certain to be a long run of editions. This book is undoubtedly the best serious introduction to the study of pathology that is on the market. It combines a lucid prose style, excellent illustrations and, most important of all, the adoption of a physiological approach to the study of pathology. It therefore serves two functions equally well. It is valuable to the student emerging from the preclinical chrysalis and, at the same time, it provides a very good book for the student revising for qualifying exams in this subject. The general principles of pathology are stated lucidly and are illustrated with clear and up-to-date examples. Another joy of this book is that it contains a host of references which will be most valuable to the student who wishes to examine more fully any of the many facets of the subject. This new edition contains some alteration of text and, in addition, two completely new chapters both of considerable importance to the present day student. The first is on *Inflammation in Allergic Reactions* and the second is on *Tissue Reactions* *to Ionizing Radiations*. This reviewer knows that this book will have the same enthusiastic reception as the previous edition and it may be unreservedly recommended to students at any stage of their clinical career. It is a book which is to be kept and one feels that the second-hand market will see very few copies.

P.S.B.

Dilling and Hallam's Dental Materia Medica, Pharmacology and Therapeutics, Revised by : NANCY V. DILLING, M.B., CH.B. ; E. J. WAYNE, M.SC., PH.D.. M.D. ; G. L. ROBERTS, F.D.S.R.C.S.

The fourth edition of this well-known textbook is very welcome. Miss Dilling is to be congratulated on having enlisted the help of such able collaborators. One can hardly do better than quote from Dr. Wayne's preface. The basic arrangement of the book remains the same, new drugs have been added and compared with those already established. Obsolete remedies have been eliminated except where it was felt that the dental surgeon should be familiar with the reasons for their loss of favour. Among subjects which have been entirely re-written and which include much new material are the specific antibacterial agents, haemostatics, the antihistamine group of drugs, the newer analgesics and anticoagulants.

Anaesthesia, both local and general, has been completely revised and a section added on the drugs having a relaxant effect on voluntary muscle. Much of the text on the autonomic system and on respiratory and circulatory stimulants is new.

As in the last edition the materia medica of each drug is described before its applications because, although this may not be of direct importance to the dental profession, practitioners are unlikely to have easy access to the book of reference where these facts are to be found. Similarly, short accounts of drugs of importance in medicine are included for general information.

In accordance with the recommendations of the British Pharmaceutical Commission, English names of drugs and the metric system of dosage have been adopted, but the full Latin titles are also quoted in order to explain recognized abbreviations. Imperial equivalents of the dosage are included in most cases.

This edition will certainly maintain its popularity with dental surgeons and students.

K.H,

Infant Feeding and Feeding Difficulties. By PHILIP EVANS, M.D., M.SC., F.R.C.P. and RONALD MAC KEITH, M.A., D.M., F.R.C.P., D.C.H. Second Edition 1954. J. & A. Churchill, Ltd. *Price* 12*s*. 6*d*.

The second edition of this excellent book covers as the first edition did, all aspects of normal infant feeding for the first twelve months of life. It contains extended sections on artificial feeding and feeding in prematurity, and a revised section on the physiology of lactation.

The authors describe in a most readable style, the methods of which they have experience and the book is full of such sound information and common sense as p. 171 on weaning. "Not infrequently the first child is given homogenized tinned foods throughout the first year, the second has them to start with and is soon given vegetables cooked for the family and mashed with a fork, and the third does equally well on these as its earliest acquaintance with solid foods".

The chapters on breast feeding are most comprehensive and must help students, nurses and practitioners to advise a higher proportion of mothers how to succeed in breast feeding ; while the section on artificial feeding, though necessarily regarded as second best, is extremely helpful with, amongst other things, the choice of foods, amounts and methods by which they are given. As well as premature feeding the book deals with feeding made difficult by physical abnormalities, under feeding, overfeeding and weaning.

The book in fact deals with normal and abnormal feeding both naturally and artificially with all their many problems. Also, the ante-natal preparation to help the mother is fully described. The appendices contain most clearly arranged information on calorie values, composition of milk preparations and of various infant foods, etc.

Practitioners must find much that will enable them to give help to mothers with the feeding of babies in their own home environment, as the authors never forget the difficulties of a mother in fitting the time absorbing pastime of feeding a baby into her normal household routine.

Indeed one could wish that a less technical version of the book could be produced for mothers, who would find here answers to many of their worries and difficulties.

P.M.E.B.

Hewer's Textbook of Histology for Medical Students. By C. L. Foster, M.Sc., Ph.D. Sixth Edition. Wm. Heinemann. *Price* 25*s*.

Hewer's Textbook of Histology, its popularity undimmed, has now reached its sixth edition. The original writer has been succeeded by Dr. C. L. Foster of St. Mary's.

The lay-out of the book is similar to that of previous editions and to the fine collection of black and white photomicrographs for which the book has always been famed are added six excellently produced colour photos. Some of the photographs, for all their fine quality have little illustrative value and this is even more so of the line drawings. A number of these, for example those of the blood cells in chapter four and that of the covering layers of the tonsil on p. 244, are quite unrealistic. Future editions might well be improved by more careful selection of the illustrations from these important aspects. There are numerous small additions and changes to the text including a change of view on the completeness of the pulmonary alveolar lining (N.B.—now incomplete).

This is a good textbook for medical student which will serve him admirably as a companion to the microscope. Using it in this way, he will be able to gain a full knowledge of an important medical fundamental.

J.D.B.

Bacteriology for Medical Students and Practitioners. By Professor A. D. Gardner, D.M., F.R.C.S., F.R.C.P. 4th edition, 1953. Oxford Medical Publications. *Price* 12*s*. 6*d*.

This popular book is designed to be an aid to the student who is either beginning or revising the subject. It has the merits of handy size, reasonable price and an easy lucid style of writing throughout. Like many other small textbooks of similar size, it will leave many readers unsatisfied because of its brevity and its lack of both useful illustrations and accounts of practical methods.

Several other criticisms could be aimed at this work, among them being the irritating omission of antibiotic and chemotherapeutic sensitivities from the systematic chapters on organisms. The section on viruses is also not altogether atisfactory—the discussion of poliomyelitis leaves out all mention of the accepted viraemia which is a feature of the disease. Further, the existance of antigenically separate strains of the virus of poliomyelitis is not mentioned. Some people might well be rather doubtful of the possibility of spread of gonorrhoeal ophthalmia by dust which the author suggests. The delicacy and dislike of dessication shown by N. gonorrhoea would seem to render this a doubtful mode of infection.

Altogether this is rather a difficult book to recommend in spite of some undoubtedly excellent sections and the commendably simple approach. It would serve well as a first text in its subject for the beginner or as an aid to rapid revision before examinations. But whether many students will want to afford the luxury of two books on Bacteriology is doubtful. The beginner will surely need a more comprehensive work while, in revision, the lack of any practical details or pictures of colonial appearances will severely reduce its value. In fairness, it must be said that this is the only textbook of Bacteriology which can be read easily and enjoyably from end to end. Also, several of the tables which are included are very useful. If it were only slightly more comprehensive and had some coloured illustrations of morphological appearances it would be the best textbook for the medical student who. perhaps, like the reviewer finds some of the larger books to be very heavy reading.

P.S.B.

Dr. E. W. Baxter who reviewed *Outlines of Developmental Physiology* by Chr. Raven writes to tell us of a discrepancy in price. The price on the book jacket is $5.50*c*., and on the publishers slip was quoted as 44/-. Mr. Baxter tells us that there is an English edition of this book published at 17/6. In view of the excellence of the book, he feels that this relative cheapness should be emphasized to our readers, who may have been misled by the price quoted in his review.

SPORT

RUGBY FOOTBALL

Hospitals' Cup Final

Guy's *v.* London

16th March, 1955

At Richmond

Lost 3-9

This was the Hospital's first appearance in the final since 1949 having won the cup the year previously. It is perhaps sad to report that we did not win it this year, but we can take consolation from the fact that the side had a very difficult passage to the final having to overcome our old rival St. Mary's after two strenuous tussles, the replay requiring extra time to produce a result. This fact obviously has a bearing on the play of the side in the final for the team as a whole did not play up to its usual standard and long before the final whistle one felt that the team had shot its bolt and that arrears could not be made up against formidable opposition. We however congratulate London on their fine victory, they played it well and dictated the tune throughout most of the game.

Conditions were ideal when the teams came out to be greeted by a nearly record crowd and to be introduced to Her Highness the Princess Alexandra. Guy's won the toss and elected to play with the wind. The side took a while to settle down and cup final nerves were soon in evidence as passes were dropped and went astray but nevertheless as a result of good kicking by Hackett in the early stages, the team kept a footing inside their opponents half and a score was not long forthcoming. The London full-back was forced to kick to touch under pressure, it failed to carry, and was fielded nicely by James on the left wing going full out. He beat his man cleverly and scored near the corner. This was a good individual effort and Cooke's conversion from near the touch-line had the misfortune to hit the upright. Guy's, however, failed to press home this early advantage and the forwards became lifeless and cumbersome compared to their opponents. The handling of the three-quarters was very poor and it was from a dropped pass by Guy's that London scored. The ball was whipped up on the left by a London forward who went through the Guy's defence quite inexplicably and sent out a pass to England (London) who scored near the corner. The kick failed. The team spent the remainder of the half mostly on the defensive, the London forwards gradually gaining ascendancy and they covered well across the field breaking up any occasional movements by our backs.

The teams changed over three points each and Guy's began a long period in which they were

The Battle of the Barrel. A spirited scene at Richmond before the Cup match.

Quick gathering from a loose scrum.

continually on the defensive. Relentless touch kicking by the London fly-half kept play mostly near our line and only good hooking by Labuschagne and defensive kicking by Knight and Thomas kept them out. A score for London seemed inevitable and a high punt by Parkinson (London) was dropped by Thomas near the line and Lee (London) was up quickly to get the touchdown. Not long afterwards Fisher (London) made no mistake with a penalty kick which killed any hope of revival. However, with some minutes remaining Guy's began to take up the attack at last and a couple of nice movements by the three-quarters kept London out of our half. Although Guy's now were trying to play like they did in earlier matches our chance was gone and there was no doubt that the London had fully deserved their victory and were far better on the day's play.

In a very subdued and lifeless pack which was beaten in all phases of forward play Cooke worked himself to a standstill and Fairweather and Smith were always trying hard. Knight at scrum-half had a really excellent game and got the ball away efficiently as well as being very reliable in his defence kicking from the base of the scrum. The backs as a whole had an off day and chances which came in the early stages of the game were spoiled by bad handling and a tendency to close up the game instead of running with the ball. However, Hawley and Leyshon looked dangerous with the ball in their possession.

Award of praise for our captain would not be out of place at this stage. He has been an excellent leader both on and off the field and by his untiring efforts he has contributed in no small way in our success in reaching the final of this year's competition. The future of Guy's rugby is very bright indeed and this year has been a turning point with aims of even better things to come.

ASSOCIATION FOOTBALL

Guy's *v.* Westminster Hospital

Saturday, 5th March
At Honor Oak Park

Result: Won 3-2

This was Guy's last game before replaying University College Hospital in the semi-final of the Hospitals' Cup and it was hoped that the match would provide an opportunity to blend the side together. Unfortunately, it was a scrappy game which neither side really deserved to win.

For the first quatrer of an hour Guy's had far more of the ball than their opponents and came near to scoring on more than one occasion. Despite their superiority, however, Guy's were first to concede a goal and having conceded one, quickly conceded another. The Westminster forwards, when they got the ball, always looked dangerous, and their two goals came after good movements on each wing. Just before half-time, Sutton reduced the arrears with a well taken goal.

The second half opened in much the same way as the first. Guy's pressed hard and, following good work on the left-wing, Maggs got the ball and beat the goalie with a good shot.

Both sides fought hard to win the game. Several times Westminster came very close to scoring and, on one occasion, the Guy's goal was only saved by Smith who kicked off the line when Lewis had been beaten. Lewis, too, made some fine saves from point blank shots.

Our winning goal was unfortunate in that it came almost directly from a pass made when the ball was inches out of play. Maggs scored and, despite protests from both sides, the referee ruled that it was a goal. So we won when, apart from that incident, a draw would have reflected the merit of both sides more accurately.

Team: A. Lewis; D. J. Smith, Knight; Crabtree (Capt.), Missen, Horsfield; Wright, Maggs, Sutton, Heath, Humphries.

Inter-Hospitals' Cup Semi-Final

Guy's *v.* University College Hospital

At Teddington
Result: Lost 0-3

2.30 p.m., kick-off—2.31 p.m., losing 1-0. Therein lies the story of this tough and hard match. A freak goal in the first minute inspired a none too strong University College Hospital team. The game started with University College Hospital running the ball out to their right winger who crossed it from a very narrow angle. The usually safe and capable hands of Lewis reached up to take control. Then the tragedy occurred. The new ball, with its slippery surface, spun off Lewis's hands and into the net. Gamely the Guy's team rallied following this early disheartening set back and, for the rest of the first half, had the majority of the ball. The defence settled down well but too often their passes to the forwards were head high and difficult to control.

Some fine work by Humphries on the left wing brought the chances of drawing level nearer. He himself came close to scoring when the University College Hospital goalkeeper made a frantic and undignified attempt at saving his shot, only just managing to scramble it round the post for a corner. The other forwards held in check by the close marking and positional play of the University College Hospital defence, failed to impress. A fine feature of this first half was the lengthy and accurate place kicking of Lipington which, aided by the wind, formed a strong link between defence and attack.

A pep-talk at half-time seemed to have results and from the kick-off the forwards moved upfield with some snappy short passing but time again the University College Hospital defence, pivoting round Barker, a fine centre-half, held in check that strong combination of Maggs and Cornhill on the Guy's right wing while, at the same time, limiting to a minimum any threat from Watmore.

The University College Hospital forwards sprung into a series of repeated attacks and here the magnificence of the Guy's defence shone. Knight, at left-back, playing what surely must be one of his finest games for Guy's, broke up time and again the threat from the opposing right wing—no mean task when one considers that these two players were the best in the University College Hospital forward line. His play inspired the defence to produce of their best. Creed coped well with a speedy left winger and showed more positional sense than we are accustomed to seeing from him.

Again, bad luck struck as the referee, in attempting to get out of the Guy's goalmouth, prevented Crabtree clearing a ball which was certainly his, and enabled an approaching University College Hospital forward to bang the ball into the net. Five minutes later, a third goal followed and the formidable task now facing the Guy's team seemed insurmountable. Rallying to words of varied and assorted kinds from the Guy's supporters, they stuck to their task gamely. But it was now too late. The final whistle went with no further score.

The game was one of two defences with the Guy's defence producing their best play of the season. Each man played his part and I feel sure that the field defence of Creed, Knight, Crabtree, Lipington and Horsfield in this game will not be forgotten.

Team: Lewis; Creed, Knight; Crabtree, Lipington, Horsfield; Cornhill, Maggs, Watmore Heath, Humphries.

HOCKEY

Guy's *v.* Honourable Artillery Coy.

Saturday, 19th March

H.O.P. Won 3-2

Scorers: H. M. Tuddenham 2, B. Cryer.

Team: D. Montgomery; D. R. Laney, R. W. Sandfield; M. B. Mackenzie, W. R. Knapman, R. Elsdon-Dew; R. H. Podd, M. J. Woodman, H. M. Tuddenham, M. H. Cox, B. Cryer.

Guy's 2nd XI *v.* H.A.C. 2nd XI

Away. Draw 2-2

Guy's *v.* Burnt Ash

Saturday, 26th March
H.O.P. Draw 1-1

Scorer: J. I. Millar.

Team: D. Montgomery; K. B. Tyrer, H. M. Tuddenham; M. B. Mackenzie, D. R. Laney, W. R. Eggington; M. J. Woodman, M. F. Willis, J. I. Millar, R. R. Paul, M. M. Morgan.

RIFLE CLUB

On Monday, 7th March, 1955, the Staff *v.* Students shooting match took place at the club's 25 yard .22 range at Hay's Wharf. As most of the staff had not shot for a long time, it was agreed that they should each have a start of 10 points. It was decided that Dr. Mekelburg (an old Guy's man) Captain of Great Britain in 1938, and Dr. Brook—recently Captain of Guy's Rifle Club would shoot without this start.

The Students won the match by 21 points. The scores were:

Staff		*Students*	
Dr. Mant	105	R. Mac Keith	98
*Dr. Mekelburg	99	A. W. Harris	98
*Dr. Brook	98	H. K. Kemp	98
Mr. Lawrie	96	J. A. Kelvin Davies	96
Mr. Hooper	96	C. Howard	96
Mr. Blaikley	93	R. Terry	96
Mr. Eckhoff	85	I. D. Green	95
Dr. Hutton	84	J. Bunyan	94
Dr. Carnegie	81	L. Cook	87
	837		858

After the match, the Staff entertained the Students to a buffet supper and to the very pleasant evening which followed at The Globe.

It is also to be recorded that last season, Guy's Rifle Club won the United Hospitals' Winter Small Bore League, the United Hospitals' Full Bore Challenge Cup at Bisley and all the prizes at the United Hospitals' Prize Meeting at Bisley—thereby winning all the United Hospitals' Rifle Club competitions for the year.

MOUNTAINEERING CLUB

The activities of the Club are now well under way. The weekend of the 11th-13th March, 1955, saw three members in North Wales where beautiful sunshine and perfect snow and ice conditions made for a most enjoyable weekend. The three climbers stayed by the kind permission of the Climber's Club at Helyg, in the Ogwen Valley. A party of some five members is going to the same hut for a week in the tail end of March. It is hoped that the weather will treat them equally kindly.

TABLE TENNIS

Guy's *v.* University College

2nd March, 1955
Won 8-2

Team: P. Kurland, A. A. Akiwumi, W. F. Jaworski.

HOSPITAL INFORMATION

AWARD

WEST LONDON MEDICO-CHIRURGICAL SOCIETY

Sir Russell Brock has been awarded the West London Medico-Chirurgical Society's triennial gold medal. It will be presented to him at the annual banquet of the society on 23rd June, 1955, at the Royal College of Surgeons.

APPOINTMENTS VACANT

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1955:–

Department of Conservative Dental Surgery.

Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Clinical Dental Surgery.

Part-time Registrar to attend on 2 sessions per week.

Assistants to the Visiting Dental Surgeons.

Part-time Registrars to attend on 6 or 5 sessions per week.

Department of Dental Prosthetics.

Part-time Registrars to attend on 6, 3 or 2 sessions per week.

Department of Preventive Dentistry.

Part-time Registrars to attend on 5 or 3 sessions per week.

Dental Department for Children.

Part-time Registrars to attend on 6 or 3 sessions per week.

Casualty Department.

Part-time Registrars to attend on 6 or 5 sessions per week.

Extractions and Minor Oral Surgery.

Part-time Registrar to attend on 6 sessions per week.

Ante-Natal Clinic.

1 Dental Officer to Salomons Centre for 1 session per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 23rd April, 1955.**

Applications are invited from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1955:

1. Full-time Assistant to the Director of the Department of Conservative Dental Surgery.
2. Full-time Assistant to the Director of the Department of Dental Prosthetics.
3. Part-time Demonstrator in Special Anatomy and Histology (this appointment may be held in conjunction with a part-time lectureship, teaching Dental students, in the Anatomy Department).

Forms of application are obtainable from the Dean, Guy's Hospital Dental School, London, S.E.1, to whom applications should be sent not later than **Saturday, 23rd April, 1955.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Resident House Physician (with Casualty Duties) for six months from 1st May, 1955. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by **13th April, 1955.**

GUY'S HOSPITAL MEDICAL SCHOOL

Mr. Murray Falconer conducts teaching rounds at the Guy's-Maudsley Neurosurgical Unit on the last Thursday of each month at 4.45 p.m. These are open to a limited number of clinical students. Further particulars may be obtained from the Medical School Office. The Maudsley Hospital is easily reached from Guy's by means of the No. 40 bus route.

There are also a few vacancies for residential courses in Fevers at the Park Hospital. Early application is advised for these courses which are open to students from other hospitals.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d extra.

SUNNY SPAIN. Come and enjoy the delights of fiesta atmosphere at **Hotel Adriano** at **Lloret de Mar** on the beautiful Costa Brava. Our enthusiastic staff are eager to give you a warm welcome and first class service. English and Spanish cuisine. All modern facilities. Resident English hostess.

Gay and enchanting **Lloret** with its abundant sunshine offers you all you desire for the perfect holiday at all times of the year. Springtime is especially beautiful.

Terms from 18s. 6d. per day. Write for Brochure to A. Hayes, 60, The Upper Drive, Hove. (Phone 58423) or direct to the hotel.

For Sale

MERSTHAM Village (30 mins. London) Detached House. 3 reception, 4 main bedrooms, 2 bathrooms. 1 acre. Freehold. Box No. 94.

SMALL DENTAL PRACTICE with equipment. All private. Harley Street. Owner leaving for country. Box No. 92.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Wanted

GUY'S ORTHODONTIST requires locum for about three months, or part-time assistant for longer period. Would suit person taking up Hospital appointment in autumn. Box No. 93.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

SENIOR NURSING STAFF
GUY'S HOSPITAL

March, 1955

MISS J. ADDISON, *Matron*

Administrative Staff.

Sister G. Colthorpe	*Assistant Matron*
,, C. O'Toole	,, ,,
,, P. Grimwood	*Home Sister*
,, G. Barnard	*Relief Sister*
,, E. Stebbing	*Asst. Home Sister*
,, M. Wetherall	*Office Sister*
,, N. MacDonald	*Part Time Matron's Office*

Sister Tutors.

Sister Dorothy Holland	*School of Nursing*
,, Christine Youell	,, ,,
,, Brysson Whyte	,, ,,
,, J. Russell	,, ,,
,, Janet James	*Preliminary Training School*
,, E. R. Bailey	,, ,,
,, W. F. Morgan	,, ,,
,, V. Cooper	,, ,,

Heads of Departments.

Sister D. Jackson	*Midwifery Superintendent*
,, S. M. Evans	*Physiotherapy Dept.*
,, B. M. Randles	*Radiography Dept.*
,, B. Pickard	*Night Superintendent*
,, M. Lloyd	*Nuffield House*
,, E. P. Johnson	*Dental Department*
,, R. Thirlaway	*Linen Stores*
,, J. Goodman	*Out Patients' Dept.*
,, M. Osmond-Smith	*Midwifery Dept.*
,, M. Rusby	*Radiotherapy Dept.*
,, E. Macdonald	*York Clinic*
,, M. Phillips	*Theatres*
,, J. Jarvis	*Surgery*

Sisters on Study Leave.

Sister R. Tanner	*to August* 1955
,, T. Swindell	*to August* 1956

Ward and Departmental Sisters.

Sister A. Falwasser	*Job*
,, D. Parkins	*Nuffield House*
,, M. S. Griffith	*Nuffield C*
,, D. Chrimes	*Deputy Night Sister*
,, E. Marvin	*Nurses' Sick Bay*
,, P. Smyth	*Christopher*
,, M. Ellick	*Out Patients' Dept.*
,, D. Tart	*Nuffield D*
,, N. Relihan	*Barnabas*
,, B. Stevenson	*Midwifery*
,, B. M. White	*Bright*
,, M. Odelga	*York Clinic*
,, M. A. Johnson	*Sarah Swift*
,, J. Hill	*Dorcas*
,, B. Rix	*Lydia*
,, M. Laws	*Nuffield Theatre*
,, F. Curtis	*Patience and Samaritan*
,, T. Wright	*York Clinic*
,, M. E. Smith	*Mary*
,, B. Skottowe	*Theatres*
,, A. Lunn	*York Clinic*
,, T. Dartnall	*Miriam and John*
,, J. Thomas	*Astley Cooper*
,, M. Y. Cox	*Victoria*
,, M. Day	*Queen*
,, D. Williams	*Luke*
,, O. Harland	*Night Sister Nuffield*
,, M. Hickey	*Salomon's Centre*
,, M. E. Turner	*Victoria*
,, J. E. Burns	,,
,, B. R. Taylor	,,
,, E. E. Roberts	*York Clinic*
,, B. Warne	*Caleb*
,, J. Brotton	*Wilks*
,, E. M. Coulson	*York Clinic*
,, S. Asquith	*Addison*
,, M. Farnsworth	*Nuffield Night Relief*
Sister M. Walker	*Nuffield A*
,, A. Crump	*Diplock*
,, M. Law	*Victoria*
,, J. Bennett	*William Gull*
,, E. L. Barton	*Ruth*
,, B. Hastings	*Theatres*

ORPINGTON

Administrative Staff.

Sister M. Davies	*Orpington*
,, B. Habbeshaw	*Assistant Matron*
,, M. G. Stockdale	*Sister Tutor*
,, J. Page	*Home Sister*
,, C. Stack	*Asst. Home Sister*

Wards and Departments.

Sister M. C. Davies	*Theatres*
,, L. Puddifoot	*Night Sister*
,, B. Stamp	*Fagge*
,, M. Calvert	*Theatres*
,, S. Killick	*Lister*
,, P. Yolland	*Auckland*
,, P. Scanlan	*Evelyn*
,, M. Ashworth	*George*

EVELINA HOSPITAL

Administrative Staff.

Sister M. A. Duncombe	*Administrative Sister in Charge*
,, C. Lister	*Sister Tutor*
,, D. Cohen	*Home Sister*

Wards and Departments.

Sister B. Craig	*Night Sister*
,, D. Saunders	*Rothschild (Infants)*
,, D. May	*Out Patients' Dept.*
,, J. Bent	*Rothschild*
,, P. Clark	*Surgical Dept.*
,, D. Henderson	*Charlotte (Medical)*
,, B. Cromwell-Wood	*Rothschild*
,, U. Thomas	*Theatres*

GROVE PARK HOSPITAL

Sister J. C. Summers

NURSING NEWS

23-2-55—8-3-55

Entered: S/N. M. McNair
S/N. M. J. Robinson
S/N. J. Stobo

Left: Sister B. Arnold Ap. *Senior Departmental Sister, Aldingbourne House Sanatorium, Sussex.*

Left: S/N. A. Mollison. *To Ward Sister Course King Edward Fund for three months.*

19-3-55

Sister B. Cheetham retires from Orpington as *Assistant Home Sister.*

Sister J. Page appointed *Home Sister Orpington.* 21-2-55.

FINAL STATE EXAMINATION

February, 1955

The following Nurses have passed the Examination:

Bentley, M.
Brown, R.
Carney, A.
Cheetham, B.
Cooper, J. M.
Culnane, P.
Dolman, J.
Field, G. J.
Garthwaite, M.
Gawthorne, J.
Gibson, D. J.
Gibson, E. L.
Grant, R. A.
Green, P. A.
Groves, P.
Harris, K. M.
Horner, E. R.
Hughes, E. M.
Hulbert, P.
Jaques, A. M.
Jones, M. N.
Keller, M.
Lewis, M. W.
Lively, J. H.
Loader, S.
McDougall, J. E.
Maggs, C. J.
Moss, A. V.
Pexton, J. F.
Ringer, R.
Robinson, E. M.
Rogers, J. E.
Ryan, J. E.
Sanders A. J.
Shaw, P.
Stubley, D. M.
Westley, P.
Williamson, E.
Winder, E. A.

FINAL FOR SICK CHILDREN'S REGISTER

M. Lilliott
J. M. Perkins

PASS LIST

UNIVERSITY OF OXFORD

B.M., B.Ch.

2nd Examination

Hilary Term.

General Pathology and Bacteriology

D. A. Wheelwright

UNIVERSITY OF CAMBRIDGE

M.B., B.Chir.

Pharmacology

Lent Term, 1955

B. S. Kennett
G. A. Robson

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination
February, 1955

Part I. Surgery.

A. S. Atkinson
A. O. Aubrey-Slocock
N. V. W. Bryan
B. C. Gilliland
Gillian H. Gordon
A. G. Hitchcock
J. J. Jeffreys
N. A. Labuschagne
A. M. A. Lowe
Pamela A. Newbold
J. W. Osborn
C. E. Rees
D. A. Rees

Part II. Dental Surgery.

C. J. Booth
B. T. Davies
K. J. Gilbert
A. N. Greenwood
E. O. James
P. A. McGuckin
C. B. G. Major
J. Metcalf
J. Metcalfe
Annette F. P. Pountain
A. R. F. Segerdal

First Examination
March, 1955

Anatomy and Physiology

L. D. Kay

Special Anatomy and Physiology

L. D. Kay

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
March, 1955

Anatomy

J. O. J. OKezie
Gillian M. Shaw

Physiology

Gillian M. Shaw

Pharmacology

S. Bacchus
R. M. C. Butler
M. H. Cox
K. Kityakara
Monica M. Langhan
C. A. G. MacKenzie
E. B. Morgan
F. H. Muir
K. F. C. Muncey
J. O. J. OKezie
M. T. Young

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CHANGES OF ADDRESS

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R. C. Francis, M.B., B.S., Burghill Cottage, 199 Whitecross Road, Hereford. (Tel. 5187).

D. C. Wilkins, M.B., B.S., D(Obst.)R.C.O.G., Clanfield Chase, Clanfield, Hants. (Tel. Horndean 3285).

BIRTH

BREESE.—On 17th March, 1955, at Holbeach, to Anne, wife of James Breese, M.R.C.S., L.R.C.P., a son (David Jonathan James).

DEATHS

DU BOULAY.—On 1st March, 1955, Hubert Houssemayne Du Boulay, M.R.C.S., L.R.C.P., aged 94.

MANFIELD.—On 17th March, 1955, George Herbert Hind Manfield, M.C., M.R C S., L.R.C.P., of 64 Clarendon St., Nottingham.

MARSHALL.—On 10th March, 1955, Reginald Prynne Marshall, M.R.C.S., L.R.C.P., of 5 Christchurch Road, Worthing.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1741 *16th April 1955* *One Shilling*

PASSIM

ON 6th April, Sir Charles Symonds conducted his last routine teaching round before a large and varied audience. Striding straight in to *Ruth* Ward in his customary way, he began the morning's work. Before long his audience had grown until the ward was crammed with listeners. Many of his old pupils were there, and among the concourse we saw Sir John Conybeare, Dr. Boland, Dr. Forman, Dr. Baker, Mr. Murray Falconer, Dr. M. J. F. McArdle, Dr. Mackenzie, and Mr. Peter Schurr, besides a number of medical and surgical registrars and housemen.

At the end Sir Charles, in a few brief words, thanked his audience for coming to hear him and said he hoped to see them often in the future. He then strode briskly away as if for all the world retirements were just part of the day's work—as indeed we believe they are.

On page 157 we publish an appreciation of his career so far.

The other day we were handed a most interesting nursing relic. It is a pamphlet setting out the details of the *Guy's Hospital Institution for Trained Nurses.* On page 169 it is printed in full. The strict regulations governing the behaviour and status of nurses in the late 19th century—for on general appearance the document should date from some 60 years ago— will seem strange to modern eyes. Section 10, for instance, states that the nurse on a private job may have beer ' if used in the family ', but follows up this generous sanction by a hasty proviso (we can almost see the anxiety of the senior member of the nursing profession who doubtless drew up the regulations) ' but not more than one pint in twenty-four hours'. There may be many Guy's nurses who could tell us something of the history of this 'Institution'. We hope they will write to the *Gazette.*

On Monday next, 25th April, at 1.30 p.m., the Bishop of Southwark will conduct a Special Service in the Chapel when he will institute Mr. Kenneth Child as Resident Chaplain to the Hospital.

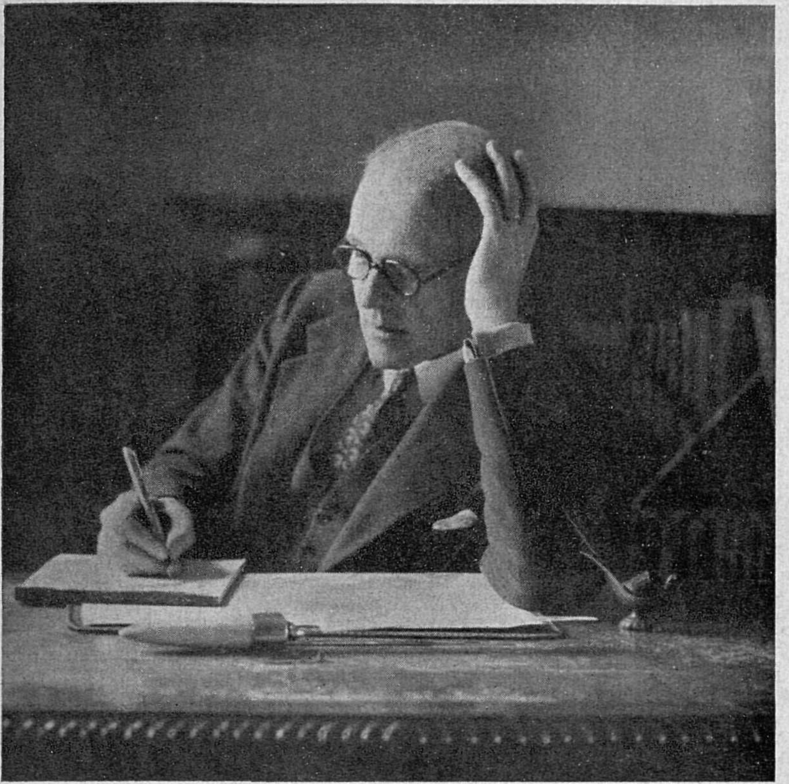
Dr. T. H. S. Burns has not left the Staff at Guy's as our remarks in *Passim* implied. He has resigned his post as Registrar to the Department of Anæsthetics but remains Research Fellow in the Department. He has now started work as Consultant Anæsthetist to the Royal Northern Hospital.

Now that the gracefully curved inclined plane leading into Shepherd's House has been completed it seems odd that such an obvious advantage had been so long in making its appearance. The value of this device for patients needing physiotherapy seems obvious. There are two other sites where unnecessary steps could be avoided, the main entrance and the Chapel entrance. Attempts have already been made to solve the difficulties. We believe no suitable plan has been found which will harmonise with the architectural features of the buildings.

We draw the attention of our readers to the amended list of senior nursing staff at the Evelina Children's Hospital which we publish on page 174.

GUY'S DIARY

APRIL			Exhibition. Department of Surgery. *The Knee.*
18th	M	1.00	Mr. T. L. T. Lewis. Clinical Lecture. *Genital Tuberculosis.*
19th	T	1.00	Dr. David Gould. (Johns Hopkins Hospital.) *Disseminate Lesions in Lung.* Anatomy Theatre.
21st	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture. *Conjoined Twins.*
		5.00	Mr. Murray Falconer. Neurosurgical Round.
		5.00	X-ray Meeting. Gordon Museum.
22nd	F	1.00	Dr. Charles Baker. Clinical Lecture. *Coronary Artery Disease in General Practice.*
23rd	S	10.00	Clinico-Pathological Meeting.
25th	M	1.00	Dr. R. C. MacKeith. Clinical Lecture. *Recurrent Bronchitis and Asthma in Children.*
		1.30	Institution of Rev. Kenneth Child as Resident Chaplain. Guy's Hospital Chapel.
26th	T	1.00	Dr. P. J. Helliwell. Clinical Lecture.
28th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
29th	F	2.15	Combined Round. Pre-clinical Classroom.
MAY			
2nd	M	1.00	Dr. David Stafford-Clark. Clinical Lecture. *What is Psychopathic Personality?*



SIR CHARLES PUTNAM SYMONDS, K.B.E., C.B., D.M., F.R.C.P.
Consulting Physician Emeritus For Nervous Diseases.

THE deep regret which we all feel at the retirement from the active staff of Sir Charles Symonds is tempered by the knowledge that this is merely a change in status. His exceptional intellectual powers which have grown steadily throughout the years are unimpaired, and a long period of active practice will yet be his.

In the days following the first world war neurology in this country lay in the province of the general physician. A neurological clinic had just been started by Arthur Hurst, but the appointment of neurologist to the Hospital had yet to come.

Symonds had just returned from the war with a fine record of achievement, the Médaille Militaire, and an insatiable thirst for knowledge. My good fortune was to work as clerk under his tutorship as medical registrar. After thirty years I still remember vividly the delight of his rounds: his infectious enthusiasm, his meticulous approach to clinical problems, and his patience in helping us in our difficulties. His inspiration must have determined for many of his students the path of their career. His remarkably wide knowledge of general medicine has been constantly extended throughout the subsequent years and has to my knowledge led to diagnostic triumphs quite outside the realms of neurology.

The neurological department, as we know it, owes its existence and its fame entirely to Symonds' driving genius. Within a year of his appointment to the Staff he attracted the attention and respect of neurologists from other hospitals by his exposition of the complex picture of encephalitis lethargica. This small circle of London neurologists embraced the most critical members of our profession. Thus the appointment of Symonds to the National Hospital for Nervous Diseases crowned his early efforts with the seal of assured success. From then on we have witnessed a steadily rising curve of original work, critical reviews, international acclaim and academic honours which shows no sign of flagging.

Psychiatry in the early 1920's was almost entirely in the hands of the alienist. The wave of interest in the teachings of Freud reached our shores at this time, and swept away the existing empirical approach to the psychoneuroses. Many men of meagre qualifications became self-styled specialists in psychoanalysis overnight. The damage done to psychiatry by this influx of mediocrity was serious and but slowly repaired. Symonds saved Guy's from a like disaster by accepting and treating the psychoneuroses as part of his duties. He has always maintained, often against the most bitter opposition, that the neurologist should be capable of, and willing to treat, such patients. This did not imply condemnation of the psychiatrist. In fact it was due to him that R. D. Gillespie was attracted to Guy's with the later formation of the York Clinic.

One of his earliest clinical lectures dealt with the teachings of Freud. Probably for the first time in our history the subject of the sex urge in women was mentioned. A few days later he was admonished by a very senior physician and warned that further departure from Victorian prudishness might lead to a request for his resignation!

With the coming of the second world war Symonds threw up a vast private practice to devote his skill and experience to service in the R.A.F. His immense success in this field and his classic on head injuries are recent history and call for no further comment. Leaving the R.A.F. with the rank of Air Vice-Marshal, and the richly deserved honour of knighthood, he returned to his civilian activities with energy unimpaired by thirty years of the most exacting specialization in medicine. More honours awaited him. As Sims Professor he was triumphant in the Commonwealth. Only last year he was awarded the highest professional honour open to the physician, the Harveian Oration. Those of us who listened to him came away feeling humbled by his erudition and grateful that we could claim him for Guy's.

It might be thought that a life which has encompassed so much would be denied the solace of hobbies. This corrective, though applied late in his career, has been supplied by fly-fishing. The stern gaze and whole-hearted concentration with which we are familiar are directed with the same force to the ultimate destruction of the salmon.

Though he may have little use for small-talk, and suffer fools anything but gladly, there is a warmth of kindness and fine sense of humour to be enjoyed by his friends. I know I speak for all who have worked under him in expressing our deep gratitude for his help and encouragement.

Our great Hospital has been fortunate to have so devoted a son.

A.H.D.

A GODDESS AND A MAN OF GUY'S

A PHILOSOPHY AND A ROMANCE

By H. St. H. VERTUE, D.M.

Aphrodite ever crowns her tresses with a fragrant wreath of roses and she sends forth the Loves to sit beside Wisdom, that together they may work all manner of excellence.—Euripides

I

THE nurses' sick room at Orpington is a cheerful place. (Of course it is the nurses that are sick and not the room ; but for the hypallage I am not responsible.) The good fathers of the hospital have chosen a gay and light-coloured material to cover the comfortable seats that they have provided ; pretty curtains flank the many wide windows ; grass plots enclose it on two sides, and of light and air there is no lack. It was a summer's day, one of those days all too rare in our climate when the sun beams from a cloudless sky and intends to go on beaming. A little group of nurses stood with smiling upturned faces, daintily and decoratively dressed in summer frocks, some about to go back to their beneficent duties, some to spend a few days with father, mother and friends, for all now were well or convalescent. Here is real England, I bethought me, Shakespeare's England. It was from just such girls that he drew his Rosalind, his Celia, his Viola, his Imogen and all the others in that wonderful gallery of portraits. But there had recently been in my mind another of our great poets, Keats, who was not in so good a case.

O folly ! What is Love and where is it ?
And for that poor Ambition ! it springs
From a man's little heart's short fever-fit.
For poesy !—no,—she has not a joy,—
At least for me. (*Ode on Indolence.*)

If all our precious *nosotrophs* or nurses, our *philomaths* or students, our *aleiptai* or masseuses, our *thelkteirai* or soothers (dental) and our *prasinai* or green faction (clerical) had compassed about in dazzling display the most famous man who ever set foot within the precincts of Guy's, they might never have brought him happiness in full measure.

Quiller-Couch made a tale called *The Magic Shadow*, about a boy whose father drove a cab, whose mother came from a consumptive family. Now Keats's father was in turn an ostler and the manager at a London stables ; and as for the consumption, everyone knows that Keats died of it after nursing his brother. One day the mother in this story noticed that the shadow that her son cast was not that of a little boy but of a little girl. It kept pace with him in growth, so that in time there went about the shadow of such a woman as any one might be proud to have for a companion. Yet the man's wife did not like the Magic Shadow and forsook him out of jealously. Then he married his Shadow and she bore him children in stony places and on mountain sides ; and for every child she bore he felt the pangs. After he had died, his children had flowers heaped upon them and were called divine : they were poems. Who is this, then, who comes between a poet and the living woman whom he might have loved ? To find the answer we could either employ the methods of modern medical phychology or we might observe phenomena and reason about them philosophically. Like most physicians I owe a great debt to psychology and am glad to acknowledge it : but I prefer the other method.

To every physician there must come at times a deep sense of the tragedy of human life, a tragedy that is not even artistically good, for the catastrophe proceeds less often from character and motive than from accident. Yonder (let us say) is a country-woman, simple in mind, kindly, without blame, whose bones are rotten with deposits of malignant growth. There lies a wilted blossom ruthlessly plucked, a virgin of fifteen, slain in less than a day by the toxin of the staphyloccocus. And here is one disfigured by a noisome malady of the skin, so downcast that she thinks she smells disgustingly to her fellow human beings. Well may one cry with the post,

Cur anni tempora morbos
Apportant ? Quare mors immatura vagatur ?

(Why do the seasons bring illness in their train ? Why stalks abroad untimely death ?) Yet there are some too in whom propensity to disease is actually inherent. Here is one, virtuous and industrious, whose stomach an ulcer gnaws. He must abate his anxious case, for the sore festers and glows—or die of haemorrhage or suffer the crude remedy of surgical extirpation. And another, eager in life's battle, overtaxes the artery that nourishes the heart : he falls, to rise again—such is the spirit of the man—until by a second blow his heart is almost literally broken. And a third's high intellect is of great value to his kind : yet he is stretched intermittently upon the rack of migraine. As for the mind, its vulnerability is notorious.

Advenit id quod eam de rebus saepe futuris
Macerat inque metu male habet curisque fatigat
Praeteritisque male admissis peccata remordent.
Adde furorem animi proprium atque oblivia rerum,
Adde quod in nigras lethargi mergitur undas.

(There comes that which macerates the mind with thoughts of the future, sickens it with fear and wearies it with care ; and when sins are past there is gnawing remorse. Add thereto the fury that assails the mind and its forgetfulness ; add that it is plunged into the dark waters of oblivion.) Then, too, the breath catches and the heart throbs. In the spine there is aching with patches of cold, in the praecordium anguish. His strength is oozing out in tears and sweat ; his mouth is perpetually dry. His marrow is melting, his knees are weak, his limbs tremble. Sleep deserts him ; specks dance before his eyes ; about the aching brain a butterfly flits. There is no battle for him to face, no sack of cities, no mortal combat ; but he carries about a mind that is ever harassed by empty fears, knowing not at all what ails him. Enough ! Along with the tribulations that beset mankind go unfaltering courage and unfathomable kindness. Yet every man who faces the facts must ask himself what is the meaning of it all.

The verses that I have quoted come from the great work of the Roman poet-philosopher Lucretius. There can be no doubt of his innate ability to lend his mind to the practice of physic. The descriptions of delirium, inebriation and epilepsy that he gives are impressive, that dealing with death from gradual failure of the circulation is a miniature masterpiece. He chose also to end his work with an elaborate description of the plague at Athens, which seems so out of place to his commentators that they suppose the book unfinished ; but to us there is only a venial fault, for we share his zest. There is in fact a certain view of life that obtrudes itself upon the physician and it is one that Lucretius knew. Looking thus at the facts of life and persisting in enquiry he asserted the opinion that so great are the defects of the world that we cannot suppose that it was made for us by divine power ;

Nequaquam nobis divinitus esse creatam
naturam mundi : tanta stat praedita culpa.

He says this twice and he claims that he would have reached the same conclusions without the help of atomic philosophy, which he had learnt from Epicurus. Yet at the outset of his great work there is a discrepancy that has often been discussed, which lies between the literary masterpiece that opens the poem, the invocation to Venus, and the Epicurean belief that the gods neither govern the forces of Nature nor interfere in the affairs of men. On the one hand Venus is addressed as a creative power, with prayers for inspiration and for peace : on the other we are told that the nature of the gods needs nothing of us, is untouched by anger and is unmoved by merit. Therefore we learn that in the heart of Lucretius dwelt the goddess Venus, whom not all the reasonableness nor all the bland philosophy of Epicurus could dislodge. Our own Keats knew another goddess :—

What is there in thee, Moon ! that thou shouldst move
My heart so potently ? When yet a child
I oft have dried my tears when thou hast smil'd.
Thou seem'dst my sister : hand in hand we went
From eve to morn across the firmanent.

No apples would I gather from the tree,
Till thou hadst cool'd their cheeks deliciously :
No tumbling water ever spake romance,
But when my eyes with thine thereon could dance :
No woods were green enough, no bower divine,
Until thou liftedst up thine eyelids fine.

For Keats the goddess took the form of Artemis or Diana.

The invocation of Lucretius ends with a picture of Venus and Mars, which suggests the two principles of Love and Strife enunciated by Empedocles, physician, philosopher and poet, who is the best teacher from whom to learn the first principles about this goddess of the poets. Empedocles was one of the most striking and original figures in ancient Greece ; and as he is one of ourselves, it will be well worth while to give some account of him before examining his philosophy, first clearing the ground by making it plain that Matthew Arnold's play " Empedocles on Etna " is mainly about Arnold himself and that, beautiful though it is, it scarcely touches its nominal subject, which was outside Arnold's range. Empedocles lived in the fifth century B.C., was a native of Acragas or Agrigentum in Sicily and came from an aristocratic family. He must have been one of the first men to undertake scientific observations, for he suspended skins at intervals along the heights of Sicily in an attempt to learn something of the force and direction of the etesian winds ; and he has left behind some verses which express the hope that, if only we knew enough about the weather, we might be able to control it ; but the common people, mistaking the scientist for the magician, held that he was a wind-charmer. When the men of Selinus were dying of pestilence and their women were perishing in childbirth (from streptococci ?), the inhabitants sought the aid of Empedocles, who led two clean rivers into the town by digging fresh channels, and having thus ensured a pure water-supply, restored the public health. Then the grateful citizens held a feast upon the bank and when Empedocles appeared, they offered him prayer and obeisance, as though he were a god. His success as a physician was immense. He believed in the efficacy of drugs, but since few of any value were available to him, he must have owed his fame chiefly to the power exercised by a great personality over a simple people. Though a noble he was a democrat, who once nipped in the bud an oligarchic revolution and once suffered exile. He was generous to the poor, too, and to penniless brides in his native city he would give a dowry. In robe of purple and with wreath of bay, with belt of gold and with sandals of bronze, grave of face and royal in demeanour, he made his appearance in the cities of Greece, where the people flocked about him, a physician, a philanthropist, a philosopher, a poet and a scientist ; and where he went he was accorded divine honours. He began to believe that he was an immortal god, an easy step to take, for he had adopted certain articles of the Orphic creed, which taught that the soul can at last attain to perfect excellence and immortal bliss by passing through re-incarnations accompanied by self-discipline and self-improvement, thus reaching a state that seems divine.

Empedocles thought that his hour had struck at the moment of a signal success : he had re-animated a girl who had lain for thirty days seemingly without respiration and had been given up for dead. The miracle accomplished, he offered sacrifice in celebration and held a feast, to which he invited eighty guests. The season was summer.

By night we linger'd on the lawn
For underneath the herb was dry ;
And genial warmth ; and o'er the sky
The silvery haze of summer drawn ;

And bats went round in fragrant skies
And wheel'd or lit the filmy shapes
That haunt the dusk, with ermine capes
And woolly breasts and beaded eyes ;

While now we sang old songs that peal'd
From knoll to knoll, where, couch'd at ease,
The white kine glimmer'd, and the trees
Laid their dark arms about the field.

But when the others had withdrawn to rest about the field or beneath the trees, Empedocles remained at the board until sleep had overtaken them ; then he quietly took his departure and began to ascend the slopes of Aetna. Morning came and his colleague Pausanias, having assembled the guests, gravely told them that Empedocles had been called to Heaven, and was at last a god. Afterwards a bronze sandal revealed the path that the seer had taken ; for Empedocles, believing that his now immortal flesh was scatheless, had plunged into the crater.

The genius of Empedocles was the first to suggest that matter is composed of a limited number of indestructible elements, which by their combinations give rise to every sort of substance. By his concept of the alternate attraction and repulsion of bodies which are themselves changeless he first reconciled change and stability. A material substrate, *hule*, and a motive force to act upon it, *kinesis*, are needed in this system ; but so familiar is this doctrine to us from its daily application to science that we think nothing of it, though it was a very great step forward in human progress. Among the Epicureans Empedocles earned a high opinion as their fore-runner in atomic philosophy. Yet the Epicureans differed from him on the important subject of the *kinesis*, which they ascribe in a rather unsatisfactory way either to Necessity (Democritus) or to Chance (Epicurus). Empedocles is the author of that very remarkable doctrine and that well-known one, which is that the world is the resultant of two opposing forces, *νεῖκος καὶ φιλότης*, or Strife and Love, the former being that which separates, the latter that which unites. These two not only act simultaneously but also wield an alternate sway. The details of the theory are intricate and somewhat obscure, partly at least because so much has been lost ; but they need not concern us now, since what is of moment rather is that he endowed his two forces with moral qualities and that one of them, Love, is personified. Aristotle, after complaining of the indistinctness of Empedocles, says that any one who pays attention to his meaning will find that Love is the cause of good and Strife of evil, that he spoke of good and evil as principles and was the first to do so. In the early world portrayed by Empedocles men and women are brought together by Love and have their natures mingled ; but having been separated by Strife, yearn to come together again from memory of their former state ; and so Love becomes identified with sexual desire and is personified as Aphrodite. The goddess is the source of good, of joy and harmony ; and she alone reigns for ever. When Strife is in abeyance there are no other gods but only she : there is no sin, no cruelty and no war. All animals are friendly to man : none of them is slaughtered nor devoured ; and simple is the worship of the goddess, with offerings of honey and of myrrh. Such is the answer of Empedocles to the problem that is thrust upon us. He effectively represents the drama that is being unfolded before our eyes as a contention between opposing forces, one of which is loving and engages our love, a poet's beautiful vision that satisfies far more than the Chance or Necessity of the strictly scientific Epicurus and Democritus.

The solution of Empedocles has certain defects, but they are outweighed by the advantages that it offers. The world so viewed appears neither as the product of mere chance, as it does to some, nor as the handiwork of a single predominantly evil force, as it does to others, Shelley for instance ; for the duality saves us. Good and evil are not creations simply of thought nor are they disguises for custom and convenience, but are actualities apprehended through the mysterious faculty of consciousness. Conscience teaches us to love the one and to aschew the other : wisdom shows us the way. In making that choice we claim free will, we acknowledge responsibility, we become ministers of an immortal principle of love and so we achieve purpose and meaning in our lives. The metaphysical philosophers, Aristotle and his descendants, do not approve because they are bent upon the search for a single Universal Mind ; but their belief, that a One is in some way " higher " than a number more than one, is to me at least inexplicable, except as a tradition.

It is necessary now to enquire into the nature of this goddess whose other name is love, whose shrine is in the heart of poets. She must belong to the class of objects named by Epicurus ἄδηλα, *adela*, things that cannot be perceived directly. According to the canon these must be referred to phenomena, that is things that do appear directly to the senses, if we are to understand their significance, for the senses are the ultimate criterion of truth, and all our notions are beogtten of our senses in relation to chance, analogy, likeness or combination, with interpretation by reason. Now, childhood is the time when phenomena can be observed that could give rise to this notion of a goddess, especially early childhood, when the mother is an embodiment to the child of all that is loving, good and beautiful and is besides a superior protecting power, like a goddess. Next, it is our duty to enquire whether anything in our experience contradicts this conclusion and forbids us to count it as a fact ; but nothing does. Next, the Epicureans believed, just as do the physiologists of today, that the mind can store impressions and by reference to them form concepts ; and to a representation so formed they gave the name πρόληψις, *prolepsis :* Empedocles and Lucretius therefore had each a *prolepsis* of a goddess, by means of which they could recognise her, reason about her and form opinions about her. Finally, one learns by experience that a similar representation has been stamped on the mind of nearly all poets, perhaps actually on all, whether she be disguised or displayed. During the time of her fashioning there is no fear, no sin, no crime, no law, no penalty. Anger is unknown, guilt is non-existent. The mother provides for every need and, as she sets about her task, mingles dexterity with tenderness and delicacy in a way that is not to be seen at any other time or place. The culmination of her love is the act of feeding her child herself, " whereby a woman shews herself to be a true mother ; but if she has not fountains of nourishment for her offspring, she is a substitute " (*Plato*, *Menexenus*). In places where they gather for their own and for the child's benefit an expectant gaze awaits each one as she enters with her offspring, whose eyes are often turned towards her with an adoration plainly to be seen. What is fair is ever dear and there is nothing in the world more beautiful to contemplate than the comely mother and the fair child with their mutual love. Whenever they appear feelings of gladness spring up, mixed at times with veneration, for here before our very eyes, it may be, there is the geniture of the goddess, without whom nothing is fair, nothing is joyful, who is at once the poet's muse and the begetting power of Nature :

> *Aeneadum genetrix, hominum divumque voluptas*
> *Alma Venus.*

In the service of this goddess Empedocles passed his life with entire success, leaving a son behind him. There is no trace in him of false ambition, of bitterness, of craft, of cruelty, of persecution or of Puritanism. He spent his days in the search for truth, in the begetting of beauty and in the exercise of love, not limited to man but extended to all his fellow creatures. He founded an admirable philosophy : he enjoyed perfect freedom of mind : he must have been an extremely happy man. Yet to such an idealist the dissidence between the perfection of that early state and the imperfection of the world as it became known may have seemed the sharper as the years went by.

> *Ah Love ! could thou and I with Fate conspire*
> *To grasp this sorry Scheme of Things entire,*
> *Would we not shatter it to bits—and then*
> *Re-mould it nearer to the Heart's Desire !*

The last supper of Empedocles has the significance of that Lucretian banquet of life, from which the guest rises who has had his fill and with a calm mind takes his leave. To the Epicurean that was the end ; but the Orphic, like the Christian his successor, lifted up his eyes expectantly towards a feast of another kind.

> *Look thou not down but up*
> *To uses of a cup,*
> *The festal board, lamp's flash and trumpet's peal,*
> *The new wine's foaming flow,*
> *The Master's lips a-glow !*
> *Thou, heaven's consummate cup, what need'st thou with earth's wheel ?*

Of Lucretius himself we may say that in his mind there lay both the *prolepsis* of this goddess, irrational, generated in childhood, and beside it an elaborately reasoned system of philosophy, which denied her existence. Such inconsistency puzzles the scholars but to us it is nothing, for we learn from our patients that logical thinking is not consistently present in any one. There are also certain other poets who suit our purpose ; and these, too, we must consider before returning to our own Keats, on whose behalf we have already travelled far and delved deep.

(*To be concluded.*)

THE RESONATING SCALE

By H. St. JOHN RUMSEY, M.A.

Consulting Speech Therapist, Guy's Hospital

The publication in the *Gazette* on 13th November last of Professor Stead's Fison Memorial Lecture is of special interest just now, when efforts are being made to link the science of sound with speech and voice training. A few weeks ago a series of talks was given by the B.B.C. and an article in *The Times* took a similar line. Such efforts will do much to avoid the anomaly of the school boy who has passed his school certificate knowing more about the science of sound than the teacher of voice production or singing.

We must admit that the standard of speech and song has declined very sharply in the last fifty years ; this is largely due to the misuse of science. Broadcasting has made it possible for singers to get away with " Songs without Words " to an extent that would not have been possible in a concert hall while the microphone makes it possible for people to speak in public without first learning how it should be done.

Professor Stead reminded us that the vocal chords function as a double reed while the various cavities which pick up the chord vibration supply the overtones and give quality to the voice. He says that the pitch of the human voice is determined mainly by three variable factors, the vibrating length, thickness and tension of the vocal chords. With regard to length there is ample evidence because the length of the chords varies between the four voices, the highest voices coming from the shortest chords and vice versa. Further evidence is available when we consider that the falsetto voice is produced by allowing only part of the vocal chords to vibrate.

With regard to tension, science tells us that *in the vibration of strings tension increases as the square of the vibrations.* How far we may insist on an analogy between the vibrations of strings and those of the vocal chords is a moot point, but that there is some such analogy is clear. If we think of this law with reference to singing let us take a baritone whose vocal range will be at least two octaves from F with its frequency of 84, the first octave will be 168 and the second 336 because the number of frequencies is doubled with each octave. Now for the tension—if the tension of X is required to produce the frequency of 84, a tension of 4X will be required for the frequency of 168 and a tension of 16X for the top F with its frequency of 336. While all singers will agree that to sing a high note greater breath pressure is required to balance the increased vocal chord resistance, i.e., their tension, few if any will hold the theory that higher notes are produced by increased tension only. This brings us to the third factor—the thickness. In the opinion of those best able to judge it is almost certain that the vibrating edges of the chords automatically become thinner for the higher notes simultaneously with the automatic increase of tension. Efforts to prove this by photography

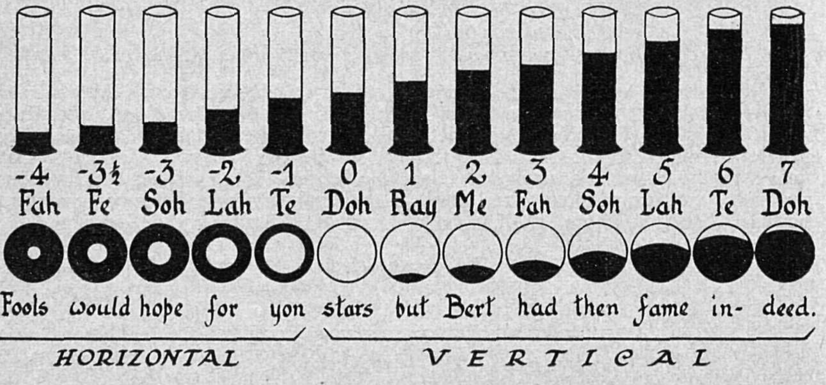


Diagram showing scale of vowel resonances.
-4 -3½ -3 -2 -1 0 1 2 3 4 5 6 7
Fah Fe Soh Lah Te Doh Ray Me Fah Soh Lah Te Doh
Fools would hope for yon stars but Bert had then fame in- deed.
HORIZONTAL
VERTICAL

have not been very successful because the photographs lack definition and need a lot of retouching and there has been a tendency to draw into the photographs the details that the theorist hoped to see in them.

Professor Stead finally touched on the production of vowel sounds ; here we are on much firmer ground. Helmholtz (1821-94) was the first to analyse vocal sounds and to ascertain their overtones. This was followed by the detailed study of Sir Richard Paget and Dr. Aikin of this Hospital whose book, *The Voice*, published in 1901, forms the foundation of speech training in the musical academies. In the new edition (1951) I endeavoured to explain in greater detail the resonating scale of the vowel sounds *which is independent of the vibration produced in the larynx.*

All of us have at some time or other filled a jug from a tap and we have known *without looking* when to turn the tap off. This is because we hear an ascending scale of sounds, in fact vibrations in the air :—Par, par, per, per, py, py, pee. Then we turn the tap off knowing *by sound* that the jug is full. The explanation is that the water falling into a column of air causes an air vibration appropriate to the length of the air column. As the water rises the air column is shortened and with the diminishing air space the pitch of the vibrations rises. We require no scientific proof of this ; we have all heard it. The top line of the composite diagram represents a cylinder being filled with water.

Many of us have seen modern bands playing with bronze bowler hats held over the brass instruments to add " effect ". Brass instruments are complete in themselves ; to play into bowler hats is to add extraneous resonances, the artistic value of which is doubtful !

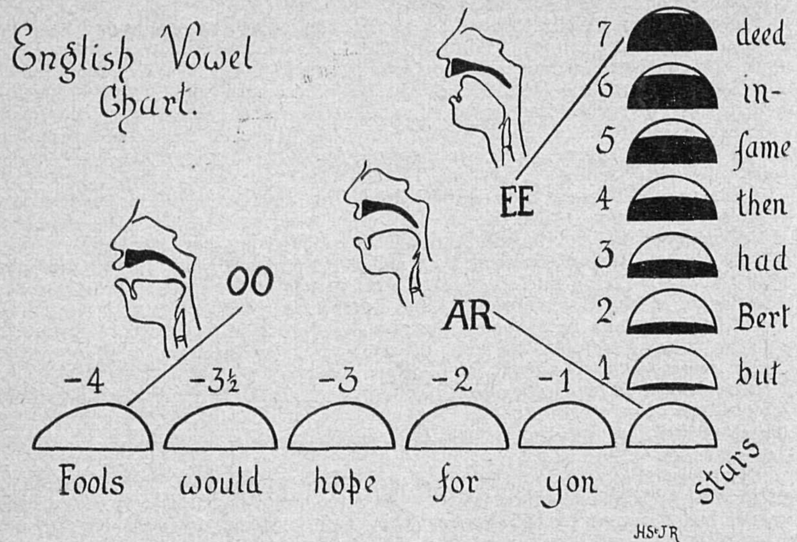
In any reliable text book on voice production we can read how the voice is produced up to the level of the larynx. As a matter of fact this larynx-level tone is never heard except by the speaker who hears it mostly by bone conduction. Others hear it after the mouth resonances have been added during the passage of the larynx-level vibrations through it (the mouth). This accounts for the difference between our own voices as we hear them normally, and the version we hear through a recording machine. So far there is some analogy between the resonances added by the mouth and those added by the bowler hat, but there is this all important difference ; in the case of the hat the air capacity and shape are constant, but this is not true of the mouth, the air capacity and shape of which are constantly being changed internally by movements of the tongue, lips and lower jaw.

In the composite diagram above, the row of circles is shown by the kind permission of Messrs. Longman, Green & Co., publishers of Dr. Aikin's book. In the circles on the right half (marked vertical) we see in diagrammatic form the tongue rising in the mouth and thus diminishing the air space as the water diminished it in the cylinders above. Those eight circles show an octave of rising resonances. On the left are the vowels described as horizontal ; this is because the mouth space is now increased by protrusion of the lips, but this is more accurately shown in the second diagram. The horizontal group reading from right to left show a descending fifth if the vowel $-3\frac{1}{2}$ is omitted, this is the semitone between -3 and -4. Above the circles are the tonic sol-fa symbols and below are the words containing the vowels formed in the mouth by the tongue positions.

These vowel resonances are of *air only* passing through the mouth and are best tested by breathing through the mouth the vowel to be tested without any vocal tone. If the vowels in " stars " AR and in " Bert " ER are breathed through the mouth the latter will be heard to be a major third above the former. Similar tests may be applied throughout the series which includes the eleven simple vowels and the two semi-diphthongs O in " hope " and A in " fame ".

The object of the second chart is to indicate more accurately the air space in the mouth which is more the shape of a semi sphere than that of a sphere, also the vertical group are shown as vertical and the horizontal as horizontal. Lastly three key positions are shown, those of OO, AR and EE. The first shows the greatest protrusion of the lips ; the last the highest position of the tongue while the middle (AR) shows the link between the two series.

It must be clearly understood that in speech and song the mouth has a double function ; it acts as a general resonator just as do the other air spaces but also, by changes of shape and air capacity, forms the vowels. Let us think of it first as a general resonator ; above the larynx is the general cavity of the neck formed chiefly by the pharynx ; so we have this important resonator vertical in its lower section and becoming horizontal in the mouth. To this must be added the air space of the nose, which being chiefly a bony structure cannot be altered in shape or size. The pharynx is capable of enlargement downwards by drawing down the larynx from below. Lastly, the mouth in which we are chiefly interested can be altered in shape and capacity and such alterations form the vowels as well as giving variety to the vocal quality.



Many basses and contraltos tend to use a more or less fixed mouth position, producing an ER sound ; this has two results, first the singing or speech becomes monotonous and secondly, the words are difficult to identify because of the superimposed ER which obscures the clarity of any intended vowel. A very simple experiment will make this clear ; make a cup of your hands and talk into it ; you have now added another resonator (air space) with a consequent alteration of quality. Now, while talking move your hands to enlarge or diminish the air space and to open it up or close it ; now you have a constantly changing resonator. This is how the mouth acts in speech and song ; it forms a general resonator which is constantly changing—*these changes form the vowel sounds.*

Sir Richard Paget in his study of English phonetics made models of plasticine of the various vowel shapes which the mouth assumes and was thus able to reproduce with remarkable accuracy the English vowel sounds. This serves as valuable corroboration of the theory of the resonating scale.

To sum up, let us re-assemble our facts. All harmonics or overtones not only harmonize with the basic note but have a mathematical relationship since the frequencies of all the overtones are multiples of the frequency of the basic note.

FREQUENCIES AND HARMONICS

32 is the frequency of C' the *Basic Note*
32 × 2 = 64 ,, ,, ,, ,, C ,, 1st Overtone
32 × 3 = 96 ,, ,, ,, ,, G ,, 2nd ,,
32 × 4 = 128 ,, ,, ,, ,, c ,, 3rd ,,
32 × 5 = 160 ,, ,, ,, ,, e ,, 4th ,,
32 × 6 = 192 ,, ,, ,, ,, g ,, 5th ,,

So far the harmonics form the common chord of C, but the 6th harmonic is b flat which suggests discord in the scale of C. This is why the piano is so built that the 6th harmonic is excluded and this accounts for its clear tone. Even if the chain of harmonics were continued we should not be conscious of discord because the volume of the harmonics decreases very rapidly, each being weaker than its predecessor, so the 6th is very weak in any case.

Now let us turn back to the pitch of the vowel resonances ; these are very much weaker than the overtones, but they do exist as we have seen, and we may use the term frequency as applying to them. It is logical to realize that if the frequency of the vowel being resonated in the mouth fits in with the chain of the harmonics of the note in the larynx, the vowel character will be reinforced, but if the frequency of the vowel is antagonistic to the larynx note it will tend to be smothered.

This is the basis of the argument put forward in recent articles and talks in which excuses have been made for singers who fail to sing identifiable vowels on the ground that they are almost if not quite impossible for sopranos to form. In the strongest possible contrast we hear on Wednesday afternoons services broadcast from cathedrals, in these every word is clear and distinct. Are we to understand that a trained soprano is unable to sing the clear vowels that choir boys aged 9-11 produce clearly? No, this deterioration in singing has reached a fresh depth contemporaneously with the growing use of the pseudo vibrato which so many young singers are cultivating ; it is not a vibrato but an intentional wobble. Now it is impossible to wobble and to form accurate vowels at the same time. This is no new invention. I can remember Dr. Arthur Mann 50 years ago telling the sopranos to decide which note to sing and not to attempt two at the same time. Listen to the average B.B.C. singer—during the short notes the words are clear, but with each sustained note the wobble comes in and the word is smothered. Choir boys in the cathedrals are taught to pronounce their words clearly and they would never be allowed to wobble ; this accounts for their success in producing beautiful tone and accurate vowels at the same time. With all our colleges and academies of music we are producing far too few real singers—something is wrong with the method.

THAT'S THE WARD CLERK'S JOB

By "DAMOCLES"

Frederick George Curtail, B.A.(Cantab.), was enjoying his first day at Guy's. "Colonnade 10 a.m." were his brief instructions. F.G.C. had always thought the fens rather windy. Long before realising that "Colonnade 10 a.m." meant in practice, "Colonnade 10.30 a.m." he had changed his views. This colonnade, he discovered, was the worthy ancestor, and one by no means to be despised, of the modern experimental wind tunnel. He gazed numbly at a rack choked with notes. The row labelled "C" contained twenty-three notes lying about three deep, intended for a variety of persons ranging from A-Z. (In all fairness it must be said that the proportion of those beginning with "C" deviated significantly from the theoretical statistical limits compatible with chance distribution.) There was one for F.G.C. under "D". On his third attempt to slide the glass panel along it suddenly shot across, carrying most of the notes with it. Out of the mangled mass he extracted his own which instructed him to attend for a "Mantoux" on Monday the 15th. It was now Tuesday the 16th.

The registrar (Mr. M. Brando) briefly commiserated with them on not getting into the pre-clinical class. In a few sentences he explained what was required. Minutes later F.G.C. was ushered into the ward, his head swimming with half forgotten instructions about bed letters, O.P. letters, post mortems, continuation sheets, ward sisters, clinical notes, bottles of blood, sealing wax, cabbages and kings. Only one thing stuck clearly in his memory—rectal examinations.

As he stepped into the ward a nurse rushed past him. The gauleiter said, "beds 13 and 27". He crept to the foot of the bed. Only vaguely was he able subsequently to recall the awkward conversation that ensued with a suspicious patient who explained rather pointedly what a nice young chap the last ward clerk was. "Daily B.P." on the bed letter caught his eye. For five minutes, in a search for some place to record it, he shuffled into an amorphous mass the forms, reports, charts and papers which comprised the patient's notes. Finally it was entered on the fluid chart. He asked a nurse if there was a sphygmomanometer. She rushed past him. He asked another, who lightly reached out her hand and passed him one. F.G.C. had now learnt the first two FACTS OF LIFE:

1. Ignorance of any fact, especially of ward geography, with which the nursing staff is familiar, may be regarded as a mental defect.
2. The thing you are asking for is within arm's reach.

He was by now far too afraid to ask where the stationery cupboard was. Being already convinced that his ignorance could only be evidence of culpable stupidity and gross indolence he began his guilty search. Then one of those things happened. A nurse asked him if she could help. It was just as he was opening the nineteenth cupboard door to discover it was the sister's room.

The art of history taking, like some other aspects of medicine, is essentially an acquired skill. It is usually acquired by experience. Among those who have acquired it thus is F.G.C. His patient was another. Admittedly she was at an advantage having already recited it to a G.P., a dresser, an O.P.O., a surgeon, a registrar, a house-surgeon and a previous ward clerk. She observed however, that he was the first to spend two hours asking 253 questions out of a book. Moreover, it became painfully clear that the exact relevance of some of these enquiries was no more obvious to F.G.C. than to her. In vain she struggled to recall fainting, palpitating, limping, seeing double or stopping half-way upstairs as the result of her gall-bladder.

The less said about the examination the better. Let the veil of decency be quickly drawn over the sight of a sweating medical student, kneeling by the bedside, reading out the instructions from a book as he performs an R.E. on a speechless patient, knees to chin, rolling in a never-to-be-forgotten agony of humiliation.

F.G.C's. patient was the first to come to operation. An old hand initiated him into the occult art of lift management. This is not a matter of simply pressing a button—a misconception under which a number of distinguished people labour, including Messrs. Waygood-Otis and, I fancy, the Dean. It is a question of opening doors as the lift whistles by, and holding catches to save shutting the inner door. It is a question of door rattling and abuse, of rushing upstairs and down, of diving for emergency stops and fighting with button leaners on the next floor. Only later did he discover that it is really a matter of letting the other chap do it while you make eyes at the nurse.

In the theatre F.G.C. met, in its most virulent form, the third FACT OF LIFE:—"It is obvious what needs doing". Again the chief exponents were the nursing staff. In vain he groped among switchboards and operating-table levers whose use, and the need for it, was obvious to everyone but himself. He wandered into the prep-room where the surgeon was talking to a sister. The billowing white gown made her look for all the world like an angel anticipating a happy event. Subsequently F.G.C. was to learn the next three FACTS OF LIFE:—

4. The uniform gives every nurse a figure like a seraphim.
5. Few women have unattractive eyes and therefore a mask, by obscuring the features, gives the impression of a film star.
6. The combination of these two is far more interesting than the back view of any fellowship candidate watching an operation.

The round was on Tuesday. He knew it would happen. He saw it happening as they came through the door. It did happen. The whole great crocodile moved inexorably, inevitably to his patient first. He heard the ward clerk being called for. He fought through the ranks. With beating heart and dishevelled head he arrived in the front row. Name, age, complaint faded from his memory for ever. The kindly surgeon leaving the history and putting his arm round F.G.C. said, "Now I want you to put your hand on top of mine". This was followed by a joke at which those reading for an F.R.C.S. were allowed to laugh. He then said, "I want you all to feel this". "All" included everyone down to the senior dressers, but no one else of course. Now a surgeon is in a very peculiar position. Sister stands in awe of him. This is no small thing and to demonstrate this she is kept standing there half the afternoon. But the surgeon has to deal with three variables, namely, a registrar, a houseman and a patient. All these are potential fountainheads of knowledge. Talkative and recalcitrant patients have been known to show greater familiarity with their symptoms than distinguished surgeons, and that in public. (The houseman is there primarily to back the surgeon against the patient over symptoms, and the registrar to back him against the students over signs.) F.G.C. quickly learnt to describe these patients as, "Talkative, unco-operative and of poor intelligence but looks happy". In a rather terrifying interview it was the looking happy bit about which Col. O'Shea demanded further details.

Already the strain was telling on the firm. As F.G.C. gazed about him he saw the tragedy of the ten little nigger boys being pathetically re-enacted. One shortly disappeared. One found the company of human kind intolerable. Another went further and bought a bow-tie. A fourth developed a nervous habit of resorting to the prep. room of Theatre 5. Number six bought a trilby. It was even rumoured that F.G.C. himself was . . . FOR GOODNESS SAKE WAKE UP THERE, DOCTOR. NO, *NOT* YOU NURSE, THAT'S THE WARD CLERK'S JOB.

We reprint this obsolete advertisement in full :—

GUY'S HOSPITAL INSTITUTION FOR TRAINED NURSES

12, ST. THOMAS' STREET, S.E.

Telegraphic Address—"Guy's Institution, London."

INFORMATION AS TO NURSING IN PRIVATE FAMILIES, &c.

Trained Nurses may be engaged from this Institution on application to the Lady Superintendent. Payments are due to the Institution at the end of each week.

TERMS

PART OF A WEEK WILL BE CHARGED AS A WHOLE WEEK.

Ordinary Cases of Illness	One Guinea and a Half per Week.
Fevers, Typhoid, Diphtheria, and Operation Cases	Two Guineas per Week.
Small-pox	Two Guineas and a Half per Week.

In Infectious Cases an Extra Fee of ONE GUINEA will be charged to defray the cost of Disinfection.

Nervous Cases, Hysteria, and Cases assuming a Mental form	Two Guineas per Week.

Maternity Nurses, £10 10*s. for the Month;* £1 1*s. per Week before and after;* £1 1*s. Engagement Fee.*

All Travelling Expenses to be defrayed by the Families engaging Nurses. Washing must be provided during the period of their attendance upon Patients, and a further sum of Half-a-crown is payable for laundry expenses on their leaving.

The attention of those who may engage Nurses is respectfully drawn to the following Regulations:—

1. All payments for the service of a Nurse must be made direct to the Institution, and not through the Nurse.
2. No one may retain a Nurse continuously for more than two months without special leave from the Lady Superintendent; and if leave is granted, an extra payment of Ten Shillings and Sixpence per week for the additional term will be required, and that such extra term shall not exceed two months.
3. No Nurse may be transferred by one employer to another. The Lady Superintendent has, however, authority to withdraw or change Nurses at any time when it is thought expedient to do so.
4. The Nurse must, when required, keep the patient's room and her own clean and tidy.
5. No payment whatever may be made to a Nurse, and patients and their friends are earnestly requested not to offer money by way of gratuity.
6. **Twenty-four Hours'** Notice **must** be given to the Lady Superintendent of the return of any Nurse.
7. The Nurse should be allowed to attend Divine Service at least once every Sunday, should the state of the patient allow it.
8. The Nurse should always receive that kind consideration and attention which may reasonably be expected by one who is contributing essentially to the comfort of a sick member of a family.
9. The Nurse's meals should not be taken in the sick room, but taken separately from the servants when practicable.
10. The Nurse must not be permitted to have wines, or spirits, except by the express order of the Medical Attendant. Beer, if used in the family, may be allowed, but not more than one pint in the twenty-four hours. Where a Nurse is sitting up at night, extra tea, coffee or cocoa, should be provided, together with food.
11. The Nurse should be permitted, when required to sit up at night, to have **seven consecutive hours' rest out of the sick room,** in addition to one and a half hours for meals, and an hour for outdoor exercise; and that when employed in continuous night nursing, she be allowed **at least one night in seven** of undisturbed rest in bed. To overtax the physical powers of a Nurse is to risk her efficiency, and must necessarily lead to some relaxation of her vigilance as an attendant on the sick.
12. The Nurse must wear her Nurse's dress at all times during her attendance.
13. The Nurse must hold sacred the knowledge she may obtain of any of the private affairs of the family by whom she is engaged.
14. The Nurse, on going to a case, will deliver to the friends of the Patient a copy of these Regulations, and a blank form of Certificate (with which she will be supplied) and upon her leaving **it is requested** that the latter may be filled up and forwarded, without delay, **by post,** to the Lady Superintendent.

CORRESPONDENCE

Letters to the Editor of the Gazette

Spring Flowers in the Park

From the Matron

SIR,—How many readers of the *Gazette* have any idea of the pleasure we, at Guy's, derive to-day from walking through the Park?

The grass is so green, and the glorious daffodils in the window boxes some of which are provided by the Guy's Hospital Guild of Ex-Patients gladden our hearts as they defy the North East wind, and herald Spring.

Yours, etc.,

J. ADDISON.

Matron's House,
Guy's Hospital.

Dental Surgeons in the Royal Navy

SIR,—I read with much interest your correspondent's report of the Dental Society Dinner but was disappointed that, perhaps for reasons of space, there was not a fuller report of Admiral Osborne's speech. I think the picture he painted of a short service commission for the newly qualified dental surgeon in the Navy had much to recommend it. At twenty-three or twenty-four years of age one does not want to become involved in general practice without first having had time to draw breath and consider just what one is aiming at in life. The breathing space that a short service commission gives is immensely valuable and the broadening of outlook that it brings after the necessarily circumscribed atmosphere of hospital training is extremely helpful as a prelude to practice or, indeed, any branch of dentistry taken up. Although naturally prejudiced, I think the opportunities in the Royal Navy, particularly sea service when the dentist with all other specialist officers is completely part of the ship's company, is the Service to go for. I hope the seeds planted by Admiral Osborne during that most enjoyable evening will bear fruit.

Yours, etc.,

DAVID PLOWMAN.

7, Harcourt House,
19a, Cavendish Square, W.1.

A Medical Clinical Meeting?

SIR,—It was with envy that I read the account in the *Gazette* of the Annual Dental Clinical Meeting. May I suggest that the Medical School adopt a similar practice and hold a one-day annual clinical meeting? In addition to the academic advantages, such a meeting would prove a pleasant social occasion and afford an opportunity for past students to meet and hear new members of the staff.

Yours, etc.,

M. D. WARREN.

7, Brunswick Road,
Ealing, W.5.

The Rugby Club—A Feminine Protest

SIR,—Would you kindly draw the attention of the Rugby Club to this note!

We have consistently supported Guy's Rugger team throughout this long and cold winter and cheered the team on so many times to ignominious defeat. We certainly shall not do so next year, thanks to the bad manners of the Rugby Club at the last dance of the season at H.O.P. when we were cheerfully ignored throughout the whole of the evening. We wouldn't have minded quite so much if an invitation had not been extended to the whole Hospital.

Yours, etc.,

SOME EX-GUY'S SUPPORTERS?

Guy's Hospital, S.E.1.

REVIEWS

Recent Advances in Endocrinology. Seventh Edition. By P. M. F. Bishop, D.M., M.R.C.P. 1954. J. & A. Churchill, Ltd. 348 pages. *Price* 30*s.*

Here is a clearly written and extremely well documented account of the current views upon some interesting metabolic and endocrine conditions. The author has rightly concentrated upon those topics which particularly interest him, and the accounts of Cushing's syndrome, Virilism and Hirsutism are especially impressive.

For the physician it is extremely useful to have detailed accounts of a number of rather uncommon clinical conditions so conveniently brought together, and it seems likely that this book will constitute another "must" for the Membership candidate.

Although undergraduates will find much of interest, particularly in the early chapters on the adrenal cortex and the endocrine control of carbohydrate metabolism, the complexity of much of the material discussed makes this book chiefly postgraduate reading.

C.L.J.

The Anatomy of the Bronchial Tree. By R. C. Brock, M.S., F.R.C.S., F.A.C.S. 2nd Edition. Oxford University Press. *Price* 42*s.*

The second edition of Sir Russell Brock's well known text book opens with a pungent comment: "It was surely an unworthy survival that diseases of an organ could be diagnosed and treated without a complete understanding and knowledge of its intrinsic anatomy." Throughout this book the insistence on accurate anatomical knowledge is evident. The book is not designed as a guide to surgical treatment yet much valuable information is included on the most suitable approach to various pulmonary lesions, of which lung abscess receives particular attention.

Following an account of bronchial embolism and posture in relation to lung abscess in which evidence for the bronchogenic—as opposed to the hæmatogenic—origin of adult tuberculosis is given, the detailed anatomy of the lungs is described. Many useful diagrams are included, some of which are in colour, while an account of the methods used by the author in preparing bronchial casts is included in an appendix.

The whole volume is admirably produced on fine paper while one of the most concise indices I have seen in a text book of this type is to be found on the last page.

E.E.D.T.

Pharmacologic Principles of Medical Practice. By J. C. Krantz, Jr., and C. Jelleff Carr. 3rd Edition. London: Baillière, Tindall & Cox. *Price* 91*s.* 6*d.*

This third edition of a work which, at least in the United States, is now well established, closely follows the pattern of its predecessors. It is comprehensive, reliable and enlightening. Progress in pharmacology as applied to the practice of medicine now proceeds at a rapid pace; the authors of this book have kept well up in the race.

Considering the discernment and critical approach of clinicians generally, especially in their attitude to pathogenesis and diagnosis, it is surprising how credulous they can become in the matter of treatment, especially with regard to the use of drugs. The trouble is, for years, academic pharmacologists have entertained themselves with esoteric practices within the confines of their laboratories that their opinions are often less acceptable to clinicians than the overtures of the patent medicine vendors or that remarkable faculty—the "clinical impression."

The work at present under review might do a great deal to achieve a rapprochement in this territory. Practising doctors, physicians and surgeons alike, may derive great help by consulting it, if they have the time. For the student, however, who has so much already with which to grapple, it is rather too extensive and, in particular. not sufficiently discriminating. What is more, the transatlantic presentation, spelling and terminology always tend to create a barrier to understanding, to a surprising degree between nations so closely allied otherwise.

R.G.

Trampled Pastures. By Clifford Allen. Ward Lock. *Price 9s. 6d.*

This most entertaining novel written by a Guy's man, will provide amusing reading for the bedside. The theme of the book is the story of the assertion of antique manorial rights by a domineering Lady of the Manor and the spirited resistance offered by the villagers. Some of the characters drawn by the author are delightful and the poacher who distils Vodka in his kitchen is most amusingly outlined. In such a novel, there must be a romantic interest; here it is provided by a down trodden secretary-companion and her young composer who are manipulated sympathetically in the sub plot with the inevitably happy result. There are some splendid pieces of gentle satire. The air of a city solicitor's office is captured most faithfully and the turgidly formal letters emanating from it are satirical masterpieces of legal prose. Probably, however, no lawyer would find them the least bit funny.

The closing chapters are among the best in the book, the best of all being that in which the villagers assert in turn their manorial rights. The book would be worth buying for this chapter alone. It can be recommended to any nurse, doctor or patient who wants a few hours of light reading with the certainty of a happy ending.

P.M.E.B.

SPORT

HOCKEY

HOSPITALS' CUP FINAL

Guy's (holders) *v.* St. Thomas'
At Teddington
Wednesday, 30th March
Lost 2-4

There was a fair-sized gathering of spectators at St. Mary's Hospital ground when Guy's played St. Thomas' in the Cup Final. The weather was ideal and the pitch quite perfect for good hockey.

Both teams being fairly evenly matched, the game promised to be of a high standard. That it did not turn out to be as good as last year's final was both disappointing and inexplicable.

The game started at a cracking pace, with both sides attacking and defending with vigour, the ball being moved rapidly all over the field. The St. Thomas' forward line soon settled down into a most efficient unit, so that they were not long in worrying a Guy's defence, which subsequently took all the first half to settle down.

After about fifteen minutes play a melée in the Guy's circle gave Henderson a chance to open the scoring for St. Thomas'. Within thirty seconds our forwards had taken the ball up the field, when Morgan replied for Guy's and the game was developing into a hard contest with no quarter asked or given.

However, the Guy's forwards were not moving the ball quickly and there was too much delay in the middle of the field, with the result that our already loose defence was being severely taxed. Soon Cole on the St. Thomas' left wing broke away and from his centre Mavor scored. Just before half-time, a similar move gave Mavor his second goal and St. Thomas' a 3-1 lead.

Cooke on our right wing was not getting sufficient passes at this time, possibly due to needless doubts regarding his fitness, while Millar and Paul, although passing to each other, were not spreading the ball soon enough. Willis, alone, showed any dash and penetration, but it was a combined effort that was lacking.

Thus the second half began with Guy's needing to improve a lot and St. Thomas' already in winning form. It was interesting therefore, to note the changes in several aspects of the game.

Most noticeable perhaps was the tightening up of the Guy's defence, although the wing halves were too slow and gave their opposing wings far too much freedom of action. Knapman was not his usual distinguished self, although his play was adequate—the penalty of setting such a high standard in previous rounds!

The full backs were probably the main stumbling block to St. Thomas' at this stage, and several attacks were thwarted by Laney and Tuddenham on or near our circle. Laney was certainly a pillar of strength as usual, although the overwork to which he was being subjected, began to take its toll before the end.

Hence it was doubly disappointing when Wilson, the St. Thomas' centre-forward, was allowed to get a goal from a gently pushed shot, which rolled past several players and an unsighted Montgomery in goal.

Guy's began attacking more now, but there was too big a gap between backs and forwards, so that the latters' clearances were intercepted all too often.

However, our efforts were rewarded when Paul dribbled through brilliantly from the St. Thomas' twenty-five line, to score a splendid goal.

The game ended with Guy's rallying to some extent, but opposed by a defence built round Lee, the Cambridge blue, and Dawton, both of whom played outstandingly, the former committing no error of judgment throughout the match.

Thus Guy's were beaten by a side with better teamwork and skill, and through not having played up to the standard of which they were capable.

In presenting the Cup to St. Thomas', Mr. A. J. G. Hands, Hon. Assistant Secretary of the Hockey Association, commented on the good class of the hockey the match had produced and the fine spirit in which the game had been played, wishing both teams every success in future years.

ROWING

Head of the River

Saturday, 19th March, 1955

It is of little value to compare hospital rowing with that of University college crews because it suffers greater handicaps, but instead, to compare with other hospitals. In this year's Head of the River fewer hospitals entered eights but Guy's managed to enter two crews. The course was 4¼ miles, from Mortlake to Putney.

1st VIII. Started 83. Finished 38.

Time: 20 mins. 41 secs.

1st VIII

The snowstorm which had somewhat damped their spirits while waiting to start was well past at the beginning of the race and they came up to the umpire's launch with the sun shining brightly. They came under starters orders almost too soon to be apprehensive but nevertheless the start was a little hurried, the striking being 36 for the first 10 strokes and steadied out after that to a rate of 30.

By the time Barnes Bridge came into sight the crew was drawing abreast of No. 82 in front and No. 84, which at first appeared be to catching up, was now falling away astern. By the bridge No. 82 was passed and Guy's continued well; the boat remained reasonably steady and the timing unrushed. Cox steered a very good course past Duke's Meadows, making the most of the stream. The wind had dropped considerably and the water was much smoother than expected. By L.E.P. warehouses Guy's were within a length or so of a group of boats in front but a little unsteadiness and splashing past Chiswick Eyot caused an increase of this distance.

Going underneath Hammersmith Bridge a tumultous burst of support literally rocked the boat, but the eight went down past Harrods with such renewed energy that they were soon abreast of No. 76 and catching up Nos. 80 and 78 fast. It was here that the cox proved his mastery by keeping strictly to mid-stream, regardless of the apparent advantages of taking the inside of the bend which was the undoing of two of the boats Guy's had passed.

Past Beverly Brook, stroke, who had kept a most beautiful stride throughout the whole race at a rate of 28 began to work the rating up again. This produced, at first at least, a tendency to rush, especially in the bows; but stroke's tenacious refusal to be dictated to soon stopped this and he proved his skill by taking a tired crew in at a high but steady rating to pass the finishing launch in 20 minutes 41 seconds.

2nd VIII. Started 201. Finished 226.

Time: 23 mins. 57 secs.

2nd VIII

They covered the course in 23 mins. 57 secs. and having started at No. 201, finished 226th (a total of 233 crews competed).

To the uninitiated it would scarcely seem that they achieved their object yet paradoxically, that is just exactly what they did do. The Second VIII, as a novice crew, had been entered to learn the way it feels to race in "the Head"—over a 4¼ mile course bestrewn with other boats, where "no quarter was given nor asked". Learn they did. They rowed a good race and gained—as was the intention—a knowledge of racing and rowing that months of training outings could never have taught.

At the start, just below the bridge at Chiswick, the VIII went off with surprising rapidity. The oarsmen quickly settled down and supporters on the Surrey bank were gratified to see "My Lady Dainty", having her pick of the stream together with a following wind, going very well indeed.

With a fine judgment of his crew's abilities Stroke reduced the rate to one which he knew could be held. Leaving only a small reserve for a final spurt over the finish.

By Chiswick Eyot, competition for the mainstream grew fiercer and by Hammersmith it was evident that the crew was tiring. Nevertheless, they are to be congratulated upon the doggedness with which they carried on and, as they reached Harrods, the crew rallied again. Stroke steadily increased the racing and as they rounded Fulham Corner spectators saw the crew, a little ragged but full of pluck, still punching the boat through the water and still in the mainstream.

Past caring how tired they were, they "gave her ten"—and again, then yet again. Then it was "all out for the last five strokes at the finish" and their race was over.

As they came ashore, we were conscious that a potential First VIII had gained valuable experience and that a novice crew had acquitted themselves well.

Crews. 1st VIII: bow M. A. Young, 2 V. Whitehead, 3 T. Cullinan, 4 D. Inman, 5 R. Smith, 6 M. Boundy (Capt.), 7 G. Longson, str. M. Parish, cox C. Thomson.

2nd VIII: bow E. Fulstow, 2 R. Hawkins, 3 R. Andrews, 4 H. Clink, 5 R. G. Bury, 6 P. Whitehead, 7 P. Drury, str. R. H. S. Mindham (Capt.), cox S. A. C. Lyres.

Members of the Boat Club are very grateful to the help afforded them in training by Dr. A. S. F. Butcher, Messrs. R. E. Farmer, J. Cox, D. Palmer, E. Noittidge and Dr. P. H. Kendall Their valuable contributions enabled Guy's to win the 1st place pennant of the United Hospitals' Rowing Club, having beaten St. Thomas' (finished 48) and St. Bartholomew's (97).

Both crews offer many thanks to Guy's supporters who were on Hammersmith Bridge and on the Embankment. One young lady, not a Guy's girl, complained at the overpowering noise from the towpath when Guy's crews passed the boathouses.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for a research post to take part in an investigation of the effect of œstrogen. The appointment will be for the period **April to December, 1955**, and the salary for the period, paid from a B.E.C.C. grant, will be £600 with superannuation. Applications, with the names of three referees, should be sent to **Dr. P. M. F. Bishop, Endocrine Department, Guy's Hospital, London Bridge, S.E.1.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Orthodontic Assistant** to attend on 6 sessions per week. Duties to commence on **1st October, 1955.**

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the ***Superintendent, Guy's Hospital, London, S.E.1,*** to whom applications should be sent not later than **Saturday, 30th April, 1955.**

HOUSE APPOINTMENTS

1st June, 1955

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st June, 1955.

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetrician (*Post-Registration*) .. 1
(*commencing* 1.7.55)

Ophthalmic House Surgeon (*Post-Registration*) 1
(*Non-Resident*) (*commencing* 1.7.55)

Throat and Ear House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital.)

Dermatological House Physician 1
(*Post-Registration*)
(*Non-Resident*)

Genito-Urinary House Surgeon 1
(*Pre-Registration*)

House Surgeon to the Thoracic Unit 1
(*Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)

Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

Resident Anæsthetist (*Post-Registration*) .. 1
(*commencing* 7.7.55)

House Physicians in the York Clinic 2
(*Post-Registration*) Senior House Officer

N.B.—As from 1.6.55 a deduction of £150 per annum for board and lodging will be made from the salaries of the House Officers in the York Clinic.

The Medical Committee will also consider applications for appointments at outer hospitals as follows:—

ORPINGTON HOSPITAL
House Surgeons (*Pre-Registration*) .. 2
Orthopædic House Surgeons 2
(*Pre-Registration*)

PEMBURY HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

ST. OLAVE'S HOSPITAL BERMONDSEY
House Surgeons (*Pre-Registration*) .. 2

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre- or Post-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeon (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
House Surgeon (*Pre-Registration*) .. 1

ST. JOHN'S HOSPITAL, LEWISHAM
House Physician (*Pre-Registration*) .. 1
House Surgeon (*Pre-Registration*) .. 1
Casualty Officer (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office, not later than **Monday, 2nd May, 1955.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration Posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a Surgical post only and not a Medical post.

NURSING NEWS

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Administrative Staff (*Amended List*)

Miss M. A. Duncombe	*Lady Superintendent*
Sister C. Lister	*Sister Tutor*
„ D. Cohen	*Administrative Sister*
Wards and Departments.	
Sister B. Craig	*Night Sister*
„ D. Saunders	*Evelina—Medical*
„ D. May	*Out-Patients' Dept.*
„ U. Thomas	*Theatres*
„ I. Bent	*Surgical I*
„ P. Clarke	*Surgical II*
„ D. Henderson	*Charlotte—Medical*
„ B. Cromwell-Wood	*Rothschild—Infants*

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

To Let

ROOM to let to a Dental Surgeon in old established and busy Doctor's practice in South West London. Ample scope. Box No. 98

For Sale

MICROSCOPE. £8. Box slides. Several framed etchings Guy's 2*s*. 6*d*. each. Tudor 1727. Box No. 95.

Wanted

DENTAL ASSISTANT required in very busy first class practice Herefordshire. Please reply with details of professional qualifications, age, etc., to Box No. 97.

SURREY DENTAL PRACTICE. All Guy's partnership. Young man required to replace recent death vacancy. 3 months probationary period. No premium for goodwill. Box No. 96.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

BIRTHS

HARRINGTON.—On 25th March, 1955, at Nuffield House, Guy's, to Natalie, wife of Jack Harrington, M.R.C.S., L.R.C.P., L.D.S., a son (Jonathan).

JAMES.—On 11th March, 1955, at Queen Charlotte's Maternity Hospital to Dr. and Mrs. Ian Pierce James, a daughter (Phillipa Theresa).

LOWEIN.—On 12th March, 1955, at St. Mary's Hospital, Newport, I.O.W., to Karin, wife of Robert Lowein, L.D.S.R.C.S., a daughter (Christina).

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1742 *30th April 1955* *One Shilling*

PASSIM

"*Baith their disease and what will mend it,*

(*Robert Burns: Death and Dr. Hornbook.*)

LIKE the geysers of Iceland our medical journals have some fairly constant subterranean rumblings. These rumblings, rather like their natural analogues, cause the appearance at the surface of angry jets of ink which come at times quite unpredictable by mere human intelligence. We can all think of several of these perennial doctors' dislikes—the registrar problem, capitation fees, S.H.M.O.s. and, last and far from least, the advertising of drugs.

Members of our profession write many aggrieved letters complaining bitterly of the torrent of paper that pours through their letter boxes. To many, circulars are utter waste of paper, unloved, unopened, unread. Some of us, however, find that amongst a lot of wasted paper, covered with persuasive semi-truths, there are some really valuable publications, distributed by reputable firms and telling of the research work which forms such a vital part of the activities of the drug manufacturing companies. The standard of production and illustration of some of these is of the very highest order, printed as they are on the best of paper with lavishly coloured plates and all the other hall-marks of the conscientious user of excess profits.

There is, however, another aspect of pharmaceutical advertising which may not have been considered. Our journals contain a large number of these advertisements and the publishers of all medical papers are constantly seeking to stimulate even larger advertising campaigns. The reason is simple—the advertisements are largely responsible for any financial success that may come to a medical paper. So, whether the reader likes a wad of advertisement pages in his journal or not, he must gain solace from the fact that they provide him with several pages of text matter which could otherwise not be afforded.

If, after all this, readers are still not convinced of the admirable nature of drug house publicity, there is one further argument in its favour. The Treasury must surely reap a goodly harvest of money from the sale of the stamps used in the campaigns to lure the doctor down the path of the pharmaceutical garden.

We record with deep regret the death of Mr. R. Davies-Colley, Consulting Surgeon Emeritus to the Hospital, which occurred in Nuffield

House on the 16th April. We will be publishing an obituary notice in our next issue and would like in the meantime to offer our sincere sympathy to his family. A Memorial Service was held in the Chapel on Wednesday, 27th April.

It is indeed a melancholy coincidence that with the deaths of Mr. Davies-Colley and Mr. Philip Turner, our two senior Consulting Surgeons Emeriti should have passed from our midst within so short a time. Guy's will be a poorer place without them.

A one-day course for general practitioners from the S.E. Metropolitan Region was held at Guy's on Saturday, 23rd April. This was organized by Dr. Mann and the speakers included members of the consultant medical, surgical and obstetric staff of the Hospital. Several departmental demonstrations were also on view in the Pathology Classroom.

We would like to acknowledge with thanks the services rendered to the *Gazette* during the last two years by Dr. T. B. Brewin. For each edition he has selected the excerpts from old issues which have been so popular with our readers. This has been done in time which he could little spare from his work as Radiotherapy Registrar. In addition, he has had other literary interests as was evidenced by *The Superintendents of Guy's*, an article which appeared in 1953 on the hundredth anniversary of that office. Another of his enthusiasms is the stage and his success in this field has recently been manifested by the successful 1955 Residents' Play which he produced. Dr. Brewin has now left Guy's to take up an appointment at the Westminster Hospital and we wish him a happy stay there. We hope that we will be seeing him at Guy's from time to time.

We have heard from Dr. D. F. V. Brunsdon who recently worked in the Department of Clinical Pathology at Guy's and who is now working at Fredericton, New Brunswick. He gives us the welcome news that some of the Guy's men now in Canada are arranging an informal cocktail party for Guy's men and their wives who may be present in Toronto for the combined British and Canadian Medical Associations Meeting in June. Dr. Brunsdon tells us that he has written to all those whose addresses are quoted in the *Guy's Hospital Directory* as living in Canada and the U.S.A., and the group in Toronto hope to see as many there as possible, as well as all Guy's men who are travelling from this country. Those who are attending the cocktail party are asked to enquire for details of time and place when they register at the meeting in Toronto.

The *Guy's Hospital Directory* which is published biennially by the *Gazette* Committee is a publication of some considerable value. It was heartening to hear from Dr. Brunsdon of the use which he was able to make of the geographical index of Guy's men which is one of its features. We would take this opportunity of making two appeals to our readers. Firstly, we would be grateful if any notice of alterations or inaccuracies in address or qualifications could be sent to this office as early as possible. Secondly, we would respectfully point out that the cards which are sent out for the purpose of keeping records up to date *must be signed* before they are returned. At the *Gazette* office we have a choice selection of these cards, sent to us from all over the world and having no indication whatsoever of who sent them. We would ask all Guy's men and women to note this matter with care and ensure that their names at least are entered on the card prior to posting it back to us.

We are surprised that no determined attempt has been made to diminish the number of galaxies of coloured lights which is provided to confuse the British driver. It would seem that dilemma is a physiological state which is now only too common in our road users.

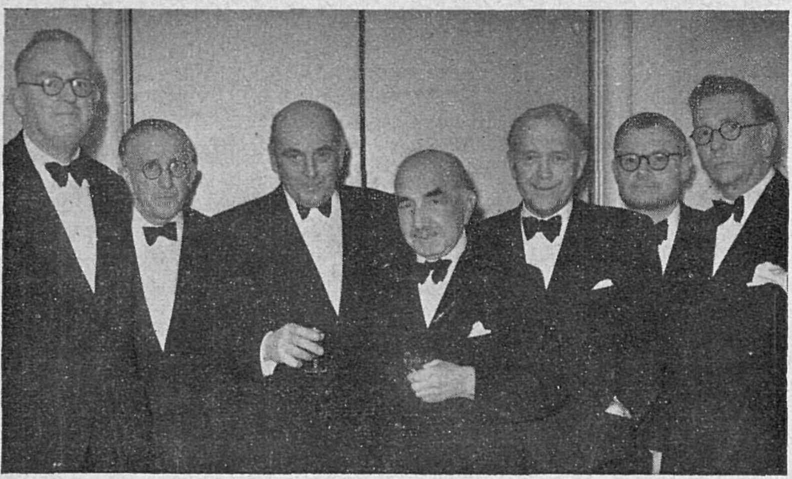
Rows of "blinking beacons"—frequently distractingly out of phase with each other, traffic lights and roadside neon signs are bad enough. They make for stationary chaos. How much worse though is the mobile chaos afforded by the new custom of putting as many red lights as possible (and as near together as possible too) on the rear of most modern vehicles. When braking lights, "winking" direction indicators and twin rear lights are put tidily together on the rear of cars, the assessment of the situation at night when the driver in front brakes to go round a corner is one of some difficulty. The appreciation of such fairground illuminations is doubtless an enjoyable intellectual amusement when one has time to study them, but it can hardly be desirable for drivers, travelling at today's high speeds, to unravel this sort of problem. Some thought should be given to this highway nuisance. Incidentally, at least one make of car seems to have adopted the "bigger, brighter and better" policy for his rear braking lights. These red searchlights are a triumph of the electrician's art, but are twice as big and three times as bright as they need to be. Could we suggest, eight months early, some good resolutions for 1956?

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Obstructive Jaundice.*
2nd	M	1.00	Dr. David Stafford-Clark. *What is Psychopathic Personality?*
3rd	T	1.00	Dr. P. M. F. Bishop. Clinical Lecture. *Thomas Addison. A Centenary.*
5th	Th	1.00	Dr. Jean Morton. Clinical Lecture. *Congenital Syphilis.* Pre-clinical Classroom.
		5.00	X-ray Meeting. Gordon Museum.
6th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Water and Electrolyte Disturbances.*
		2.15	Combined Round. Pre-clinical Classroom.
		5.00	Fison Memorial Lecture. Professor J. Z. Young, M.A., F.R.S. (Professor of Anatomy, University College, London). *Memory Processes.* Physiology Theatre.
9th	M	1.00	Dr. M. J. McArdle. Clinical Lecture.
			Mr. K. E. Pringle. Dental Clinical Lecture. *Lip-Seal.* Dental Theatre.
12th	Th	1.00	Dr. D. M. Carnegie. Clinical Lecture.
		5.00	Mr. Murray Falconer. Neurosurgical Round.
			X-ray Meeting. Gordon Museum.
13th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
14th	S	10.00	Professor M. R. Ewing. (Postgraduate Medical School, London.) Departmental Round. Clinical Theatre.
16th	M	1.00	Mr. J. W. Mansie. Dental Clinical Lecture. *The Difficulties of Practice.* Dental Theatre.

GUY'S HOSPITAL SOCIETY

SOUTH WALES AND MONMOUTHSHIRE BRANCH



Left to right: *Messrs. Arthur Lysaght, Beverly Burton, W. D. Doherty (Superintendent of Guy's Hospital), Dr. Garfield Evans (president) Mr. R. D. Owen, Dr. L. Rendell-Baker and Mr. Morwent Brown (joint secretaries).*

The Annual Dinner of the Guy's Hospital Society, South Wales and Monmouthshire Branch was held at the Park Hotel, Cardiff, on Saturday, 12th March, 1955. Dr. Garfield Evans was in the Chair. Mr. W. D. Doherty, Superintendent of Guy's, was the Guest. Thirty eight members were present.

A Gavel, instituted by Mr. Beverley Burton, and made at Guy's from wood from Guy's House, was presented by Mr. Doherty. The toast of Guy's was proposed by the President, Dr. Garfield Evans, and responded to by Mr. Doherty. Mr. Beverley Burton was elected President Elect, and Dr. Rendell Baker and Mr. Morwent Brown re-appointed Joint Secretaries.

OBITUARY

WILLIAM ARTHUR YOUNG, B.Sc., M.B., B.S., D.T.M.&H.

We record with deep regret the death of Dr. W. A. Young at his home in Westcott, Surrey, on 3rd April, 1955. He qualified at Guy's in 1914 and after further professional study eventually became Rockefeller Professor of Bacteriology in the College of Medicine, Singapore. Prior to his retirement he was Director of Medical Laboratories in Western Australia. We would like to offer our sincere sympathy to his family in their bereavement.

KEITH SIMPSON FITCH, O.B.E., F.R.C.S.(Edin.), L.R.C.P., F.R.G.S.

Mr. K. S. Fitch died on the 19th March, 1955, aged 55, at his home in New Zealand. He qualified at Guy's in 1929. He had worked in New Zealand and to the time of his death was attached to Silverstream Hospital, near Wellington. We offer our deepest sympathy to his widow, children and to his sister who is an ex-Guy's nurse.

CHOLANGIOGRAPHY

A Clinical Lecture given at Guy's Hospital on 15th *March,* 1955.

By GUY BLACKBURN, M.CHIR., F.R.C.S.

LADIES AND GENTLEMEN,—I have chosen this somewhat difficult subject for discussion to-day, to illustrate the ways in which visualisation of the biliary apparatus, more especially the extra-hepatic ducts, may help in the surgery of obstructive jaundice.

Cholangiography, however, is also most useful in demonstrating the absence of common duct obstruction and obviating exploration of the duct at operation or even surgery of any kind from time to time.

Pre-Operative Cholangiography.

The procedure may be carried out as a pre-operative, per-operative or post-operative manœuvre and is clearly of particular value in patients, who have previously undergone cholecystectomy. The advent of biligrafin has rendered it possible to outline the duct system in these circumstances, as well as in patients with gall bladders, but it would be premature to acclaim this as an infallible method of demonstrating the detail required. Even with a 40 c.c. dose and careful coning, the concentration of dye may often be insufficient in these obese patients and the presence of jaundice of more than mild degree contraindicates the investigation. In some cases, however, 20 c.c. in a thin patient with good liver function will outline the duct system beautifully (Fig. 1). Such was the case in a lady of 51, with a stone in the common duct some years after cholecystectomy. (I am indebted to Sir Heneage Ogilvie for the film.)

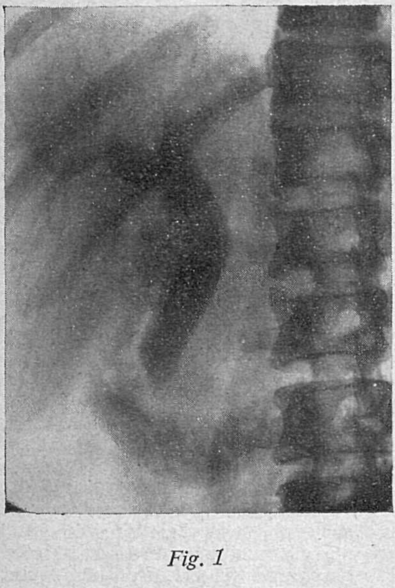


Fig. 1

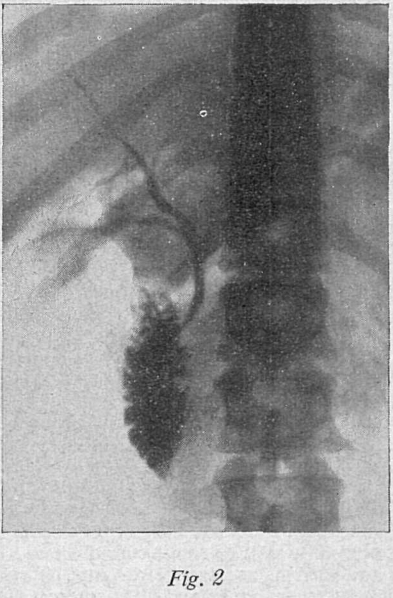


Fig. 2

Biligrafin, therefore, has added a good deal to what telepaque and pheniodol have achieved already. But, although no doubt about absorption goes with it, as it is administered intravenously, it has not provided the information required in more than two-thirds of the cases studied here. Some reports in the literature quote figures of 90% or even higher perfect visualisation of the ducts by this method, but the claims would appear to be exaggerated. Even in patients with unsatisfactory films after 20 c.c., a repeat examination with double the dose has often achieved no more. Liver damage may be an important determining factor but is hard to assess, and a series of bromsulfalein and biligrafin tests for comparison might well be instructive.

Per-operative Cholangiography.

This consists of outlining the biliary ducts at operation with 20 c.c. 35% diodone (pyelosil) introduced through the stump of the cystic duct or directly into the common duct. The film should be taken immediately the injection is completed (it need not be done slowly) during a period of apnoea induced by the anæsthetist. A slight tilt of the table, head upwards by perhaps 15°, may be of assistance. Ideally, the developing room should be on the same floor as the theatre, as much time may be consumed by this manœuvre when more than one film is necessary. The ideal, however, is not attainable here for reasons well known to you, connected with history and building. It is hard to forsee when it will be and this is a serious objection to the pursuit of this particular form of investigation.

Attempts have been made with 10 c.c. dye instead of 20 and 70% diodone instead of pyelosil, but the shadows with the latter appeared so dense that a small filling defect from a stone might easily have been overlooked. The film illustrated shows dye passing normally into the duodenum (Fig. 2). It is as well, in passing, to point out that the dye may be carried back into the first part of the duodenum as quickly as the third, so outlining the duodenal bulb in some of these cases. It is, however, in cases where no diodone has entered the duodenum, that the problem is most difficult. Filling defects due to stones may correspond with clinical expectation, a dilated or thickened duct, palpable stones in its supraduodenal part or even thickening and abnormality in the head of the pancreas. In these circumstances exploration will be required and no further film should be necessary, until it is thought to be complete. To decide when this is so is perhaps the most difficult task of all and the size of the ampulla is hard to gauge. Normally said to range round 4 mm., it is clearly subject to variation, with spasm and scarring as possible variants. These may make it hard to be sure that an instrument passed through it has entered the duodenum and the use of probes, even of the malleable variety, is not without risk. My own preference is for the Bake's dilators, which are smooth, graduated and malleable. If, however, a second cholangiogram after clearing the common duct of stones and the passage of a 4 mm.

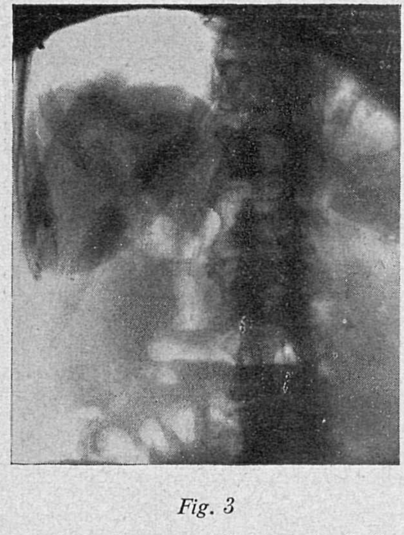


Fig. 3

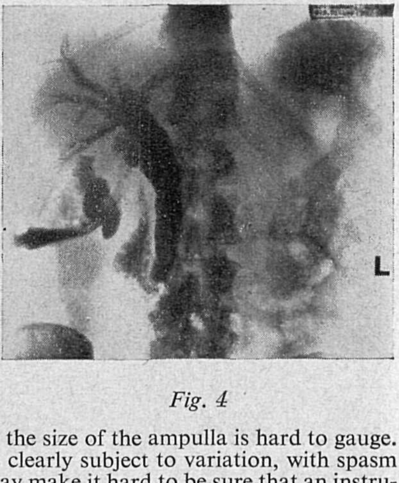


Fig. 4

dilator, still shows no dye in the duodenum, what is the right procedure? Cases must, of course, be judged on individual merit and it has often occurred that a post-operative cholangiogram eight or ten days later in such circumstances has shown the unobstructed passage of dye into the duodenum.

It seems, therefore, that films taken during operation may be most useful in excluding the necessity for exploration of the duct and that they are less instructive, more difficult to take and to interpret once the duct is open. Escape of dye outside the ducts is apt to confuse the picture and air bubbles introduced with the diodone can closely simulate the defects due to stones.

This brings me to a most important aspect of the subject in the form of trans-duodenal exploration of the ampulla, in cases where the cholangiogram is still indeterminate, and choledocho-jejunostomy or choledocho-duodenostomy, where longstanding obstruction of the duct is suspect or where recurrent stone formation has occurred. For recurrent stone formation in the common duct certainly occurs from time to time. Duct strictures are also notoriously associated with formation of stones in the hepatic as well as the common duct.

Combining biligrafin with barium in the duodenum may occasionally be of help and the visualisation of the ducts after choledocho-duodenostomy (Fig. 3) or rarely the development of spontaneous internal biliary fistula is very striking indeed.

Post-operative Cholangiography.

This has been the subject of frequent and often acrimonious discussion, the opponents claiming that any information revealed is the best part of a fortnight too late. The presence of a T-tube in the common duct, even for eight or ten days, has been described as the cause of stenosing choledochitis, stricture, recurrent stone formation and even biliary fistula, but it is well to remember that all these can occur in the absence of tubes. Moreover T-tubes have been employed for many years with very few complications undeniably attributable to them. Rare instances of pancreatitis and stricture have proportionately hundreds of uncomplicated cases to offset them. The T-tube, of course, renders post-operative cholangiography easy and the co-operation of the patient demands no drugs to which spasm of the sphincter of Oddi could be ascribed. Comparable studies after morphia or atropine have only to be seen for this last point to be appreciated.

Where T-tube drainage has been employed and cholangiography shows no obstruction, removal of the tube at eight to ten days is the usual practice. It may well be safe at five to six, by analogy with the urinary tract.

Biliary Fistula.

A cholangiogram done through a fistulous track is equivalent to a sinogram in other parts of the body. The patient (Fig. 4) illustrated here had a cholecystostomy done for a perforated empyema of the gall bladder. After recovering from this, her wound continued to discharge bile for approximately a month until these films were taken. Subsequent cholecystectomy with choledocholithotomy is planned, although the biliary fistula has closed for the time being. This is interesting and instructive in relation to residual stone in the common duct, revealed by post-operative cholangiograms.

Percutaneous Cholangiography.

I have purposely left this till last, because it is not a form of investigation that should be lightly or frequently undertaken. It consists in introducing 20 c.c. of 35% diodone into a dilated intrahepatic duct under local anæsthesia by a technique exactly comparable with liver biopsy by Silverman or other needle. It can only be done, when the liver is enlarged and easily palpable below the costal margin and is indicated in severe jaundice, where the hazards of biligrafin are admitted and visualisation likely to be poor. It must be borne in mind, however, that percutaneous cholangiography is even more hazardous than liver biopsy and the risk of immediate laparotomy as a sequel is considerable. If successful, the films may show the site of obstruction causing the jaundice and enable carcinoma of the pancreas to be distinguished from intrahepatic obstruction.

The main difficulty, however, is to strike a hepatic duct (it is recognised by the oily appearance of bile withdrawn into the medium) and to outline the system by injection. Here, as with biligrafin, a little barium in the duodenum may be of help as a contrast.

Conclusions.

I have said enough, then, to make you realise that cholangiography can be difficult to achieve and as difficult to interpret. Patience, care in technique, good films and, above all, experience in the methods are the prime requirements and it still remains true that this is no substitute but an ancillary and an adjunct to the surgery of the common duct. Progress may well be made, when rapid films can be taken in succession, as in angiography, and some medium may one day be available, which will combine outlining the pancreatic duct and biliary ducts. Rarely, a pancreatic duct is visible on a cholangiogram (Fig. 5) where there is some ampullary obstruction but pancreatography is as yet a vain figment of no substance. Cholangiography, on the other hand, can be immensely helpful and should, in my view, be available not as a routine but where specially indicated. Far less disturbance will be caused if this is realised before an operation on the biliary apparatus is undertaken, a box being placed underneath the patient into which the casette can be slipped, practically without disturbing the towels. This is rectangular, open on one side, long enough to distribute some of the patient's weight and as wide as the operating table. It is equally convenient, of course, for retrograde pyelography which, like cholangiography, can satisfactorily be done with a good portable X-ray machine.

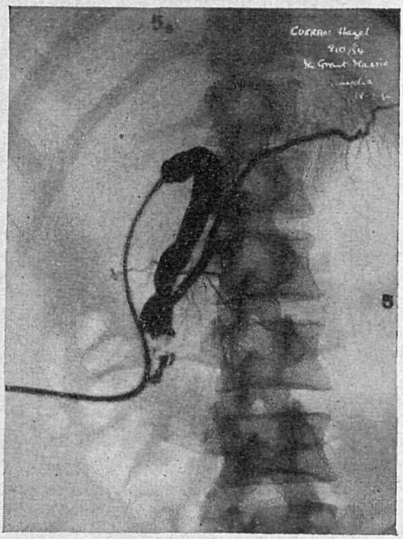


Fig. 5.

FISON MEMORIAL LECTURE

Friday, 6th May, 1955, at 5 p.m.

"MEMORY PROCESSES"

by

Professor J. Z. YOUNG, M.A., F.R.S.,
Professor of Anatomy, University College, London

In the Physiology Theatre, Guy's Hospital

Chairman:
Professor SIR JAMES GRAY, C.B.E., M.C., Sc.D., F.R.S.,
Professor of Zoology, University of Cambridge

Admission by ticket obtainable from the Medical School Office

A GODDESS AND A MAN OF GUY'S

A PHILOSOPHY AND A ROMANCE

By H. St. H. VERTUE, D.M.

II

AS the nineteenth century went on its way the exuberant enjoyment of the gods and goddesses of the Pagan world that had sprung up since the Renaissance began to wane and an enthusiasm for Nature took its place, the result of the new science. An extension of the *prolepsis* of the goddess so as to include Nature can be readily understood and it was largely responsible for the exquisite artistry that was lavished upon Nature by nineteenth century poets, of which this is a perfect example from Tennyson. She whom it celebrates was of old goddess of the sacred grove and of the pillar, fundamentally the same in Knossos or Mycenae as she is now, through her worship be gone.

I

See what a lovely shell
Small and pure as a pearl,
Lying close to my foot,
Frail, but a work divine,
Made so fairily well
With delicate spire and whorl,
How exquisitely minute,
A miracle of design !

II

What is it ? A learned man
Could give it a clumsy name,
Let him name it who can,
The beauty would be the same.

III

The tiny cell is forlorn,
Void of the little living will
That made it stir on the shore.
Did he stand at the diamond door
Of his house in a rainbow frill ?
Did he push, when he was uncurled,
A golden foot or a fairy horn
Thro' his dim water-world ?

Beauty—who taught it ? Will—who put it there ? Design—whose ? Divine—who ? The key to these riddles lies in the one word " Nature," goddess of growth and of the seasons, who designs and directs the world that we know. (That there is that behind her of which we know very little I freely admit).

We find the goddess in another poet of Nature, Robert Bridges, directly addressed as the " Virgin-mother clad in green," idealized and partly unsexed but still adored.

Mother of all my years, thou who dost stir
My heart to adore thee and my tongue to sing,
Flower of my fruit, of my heart's blood the fire,
Of all my satisfaction the desire.

Yet Bridges was a pusillanimous enquirer. " Wisdom will repudiate thee," he said, " if thou think to enquire *why* things are as they are . . . To learn *what* is . . . is the only ground for a philosophy conformable to truth." It is noteworthy that Bridges, though medically qualified, did not practise medicine.

That Nature was all-in-all to Wordsworth is a matter of common knowledge ; but it is not so well known that he lost his goddess because he was too logical to retain her, once a powerful and opposing system had got a grip of him. He was then in the full tide of poetical production.

Heaven lies about us in our infancy!
Shades of the prison-house begin to close
Upon the growing Boy,
But he beholds the light, and whence it flows,
He sees it in his joy;
The Youth, who daily farther from the east
Must travel, still is Nature's priest,
And by the vision splendid
Is on his way attended;
At length the Man perceives it die away,
And fade into the light of common day.

The great Ode, well worthy of study, is both a consolation and a lament for the waning poetical power,

What though the radiance, which was once so bright
Be now for ever taken from my sight,
Though nothing can bring back the hour
Of splendour in the grass, of glory in the flower . . . .

A feature of Wordsworth's muse was her long period of gestation. He perceived natural objects through the senses with an intensity out of the ordinary ; but the response to the impression was delayed. The material would lie apparently dormant, perhaps for years ; but all the while the mind was at work upon it, until it was ripe to be brought forth as poetry. At the time of the Ode the thrill that " the splendour of the grass or the glory of the flower " had once given him was beginning to subside and soon it passed away altogether. Nature, in fact, having ceased to be a goddess, was incapable of arousing that mingled emotion of delight and awe that is the essence of poetry. Wordsworth, completely bewildered, invented or borrowed from Coleridge (not from Plato) a theory of ante-natal existence, by which he could account for the deterioration that he felt ; but the real reason for the change was set forth with the greatest nicety by H. W. Garrod. "Nature is no longer indentified with the divine ; but God is conceived in an external relation, as the creator of Nature ; and our perception of Nature and its glory we owe, no longer to the free senses but to ' Grace '." The poet was a man with a somewhat rigid mind, which could not accommodate simultaneously Nature, a goddess worshipped in many shapes, and a theology based upon a single patriarchal deity. Hence came " the gradual hardening of a strong but circumscribed sensibility, the perversion of a penetrating but panic-stricken understanding "—Shelley's words ; and that poet of subtle mind did not disdain to laugh at him. He says of him :—

For he now raved enormous folly
Of Baptisms, Sunday-schools, and Graves,
'Twould make George Colman melancholy
To have heard him like a male Molly,
Chanting those stupid staves.

Hence also arose the painful truth that after 1807 Wordsworth wrote many verses but only one poem, Laodamia, and that by grace of the classics.

It was the classics that saved Milton's muse from extinction. In him the *prolepsis* of a goddess took the form of Urania, leader of the Nine Muses and Wisdom's sister. Milton was fortunately addicted to the classics, with the result that this antique figure of the Muse was not easy to dispossess. His theology was purely patriarchal, monotheistic and rigidly exclusive ; yet he invokes the Heavenly Muse at the beginning of Paradise Lost, much as Lucretius invokes Venus at the beginning of the *De Prerum Natura*. She was his inspiration and she was more, a light in the darkness and a present help in trouble.

More safe I sing with mortal voice, unchang'd
To hoarce or mute, though fall'n on evil dayes,
On evil dayes though fall'n and evil tongues ;
In darkness, and with dangers compast round,
In solitude ; yet not alone, while thou
Visit'st my slumbers Nightly, or when Morn
Purples the East : still govern there my Song,
Urania, and fit audience find, though few.

The sincerity of this grave and dignified appeal cannot be doubted ; yet it is just as inconsistent with the strict creed of Milton as is the invocation of Lucretius with the *divina reperta* of Epicurus.

> *So spake the Sovran voice and clouds began*
> *To darken all the Hill, and smoak to rowl*
> *In duskie wreaths, reluctant flames, the signe*
> *Of wrauth awak't : nor with less dread the loud*
> *Ethereal trumpet from on high gan blow.*

Formidable indeed is the Father of Paradise Lost ; yet he could not extrude from a poet's mind her who is the Mother of All Verse.

That the goddess both bestows many blessings and brings certain liabilities is better shown by Euripides than by any other poet known to me. His pictorial metaphor, the Meadow of Artemis, is a perfect example of classical art, accurate, complete, exceedingly beautiful and brief. In his *Hippolytus*, after singing their hymn to Artemis, the huntsmen depart and leave Hippolytus alone before her statue. He offers her a crown of flowers for her golden tresses, gathered from a meadow where no mower whets his scythe nor shepherd feeds his flock, but through the flowery sward the bee makes her way. The path to the meadow is open only to the chosen ; and on account of the importance of the passage I give the exact words :

> ὅσοις διδακτὸν μηδέν, ἀλλ ἐν τῇ φύσει
> τὸ σωφρονεῖν εἴληχεν εἰς τὰ πανθ' ὁμῶς,
> τούτοις δρέπεσθαι τοῖς κακοῖσι δ' οὐ θέμις.

That is to say, this is a wisdom that is not taught but falls by good hap to the right nature. It is temperate and it is pervading, and those who have it gather blossoms of love and beauty. To the wicked the way is barred. One thing else is emphasised :

> Αἰδὼς δὲ ποταμίαισι κηπεύει δρόσοις.

Modesty, or Reverence, waters the Meadow with dews of the river. But Modesty, or Reverence, may itself exceed the bounds of wisdom. Tragedy came to Hippolytus because in him the goddesses Artemis and Aphrodite were not at unity but at war. He favoured only the literally chaste and rejected altogether the other ; and so he failed to achieve a true temperance.

Keats worshipped the same goddess as Hippolytus and suffered a similar difficulty, though not to the same extent. His longest poem, *Endymion*, is an elaborately embroidered account of the love of a youth for the moon-goddess, Artemis or Diana.

> *Thou wast the mountain-top—the sage's pen—*
> *The poet's harp—the voice of friends—the sun ;*
> *Thou wast the river—thou wast glory won ;*
> *Thou wast my clarion's blast—thou was my steed—*
> *My goblet full of wine—my topmost deed :*
> *Thou wast the charm of women, lovely Moon !*

All nature is blest by her " airy fellowship," the trees, the sleeping kine, the nested wren, the mountains, the mighty deeps, any spot where pleasure might be met. In the end she stoops down, assumes for a brief while an earthly guise and so lifts him up to herself ; and this is what he wanted her to do. In the mind of Keats there had been begotten the concept of such a divine being, taking shape as an orb of silvery light so clear, so pure, that no mortal maiden could be set beside it ; and even to attempt comparison seemed irreverent. Keats could write about women with rapture and with a delicacy of detail unsurpassed, of which this is a fair sample from the Eve of St. Agnes :

> *Anon his heart revives : her vespers done,*
> *Of all its wreathed pearls her hair she frees ;*
> *Unclasps her warmed jewels one by one ;*
> *Loosens her fragrant boddice ; by degrees*
> *Her rich attire creeps rustling to her knees :*
> *Half-hidden, like a mermaid in sea-weed,*
> *Pensive awhile she dreams awake, and sees,*
> *In fancy, fair St. Agnes in her bed,*
> *But dares not look behind, or all the charm is fled.*

Yet Keats was not at his best with women, felt uncomfortable in their society, was awkward and knew it. As a lover he was difficult, jealous and unhappy. His most successful affair was with a certain Isabella Jones, apparently the mistress of an elderly Irishman, a woman older and much more experienced than Keats, who on the pretext of a slight previous acquaintance with the poet, took him from the street into her apartment, fed him and then in Lucretian phrase,

communia quaerens
Gaudia sollicitat spatium decurrere amoris.

But this success was only temporary : soon his choice was fixed upon the rather commonplace Fanny Brawne, a young women who would have had a hard row to hoe if Keats had lived. It is noteworthy that he wrote no love-poems that compare with his best verse, apart from the " Last Sonnet,' which was, after all, not a final, expiring effort addressed to Fanny but had been evoked some time previously by Isabella. In the normal way little attention is paid to that divine image of the mother during boyhood ; but as manhood succeeds, interest re-awakens and the desire arises to see in some earthly maiden the idol made manifest. This is falling in love : but Keats, though he experienced sexual desire, was never truly in love, because no woman could match his goddess.

So Keats failed to make the final adjustment in a satisfactory way ; and one may say of that other one, the Roman Lucretius who has shed so much light upon our path, that he did not even attempt one. Between the Venus of the Invocation and the Venus of his Book IV, which deals with sex, there is complete discrepancy. Of the former we know that she is the cause of all beauty and all joy and we may surmise that she could reflect the moral significance that Empedocles had attached to her. The latter is one who brings only sensual desire and sensual pleasure, which may find satisfaction in any quarter. Love is not necessary to this Venus ; but on the contrary it is a mockery, an extravagance and an exhaustion. In a man of fastidious temperament the more closely the *prolepsis* of a goddess approximates to the mother, the more reluctance there will be to see association between her and the physical passion that has no place between members of a family : hence arises a cleavage between love and desire.

We have reached the conclusion now that Quiller-Couch was right in his belief that a poet has a female companion whose magic shadow may come between him and the ordinary women of everyday life ; but perhaps the poet's lot is not quite so desolate as he supposed, for I suspect that many of them manage to make the best of both worlds. Yet suppose that a poet did fail to give and to receive love from any woman but his mother in the way that he should and that thereby he experienced a certain want, he might still urge upon us that love of beauty gives rise to birth of beauty and that to satisfy love in this way is happiness. He might tell us that, robbed of one pleasure, he knew how to pursue another and a nobler and to bring forth fairer children. " Those who are pregnant according to the body betake themselves to women and are lovers in this way ; but those who are pregnant according to the soul conceive what it is proper for the soul to conceive and to bring forth. What then is proper ? Wisdom and other virtues besides, of which the poets one and all are begetters " (Plato, *Symposium*). Here, then, is one, whose opinion is not lightly to be set aside, who maintained that this view is the right view. The children of men such as Keats and Lucretius confer upon them everlasting honour and upon us works so far ahead of their time that their value and interest are greater today than they were when they were written. It is no conventional figure, no faint nor far-off form to whom they pray and whom they love, but a goddess real and fundamental.

Quae quoniam rerum naturam sola gubernas
Nec sinc te quicquam dias in luminus oras
Exoritur neque fit laetum nec amabile quicquam,
Te sociam studeo scribendis versibus esse . . . .
Quo magis aeternum da divs, diva, leporem.

(And since thou alone governest the nature of things and without thee nothing that is glad, nothing that is joyful comes forth into the shining shores of light, fain would I have thy help in writing my verses . . . wherefor the more, goddess, grant them an eternal beauty.) She that is giver of life, queen of beauty, joy of gods and men, hearkens to the poet's prayer and grants him the grace.

We have sought wisdom from poets and philosophers near and far, and now we may return so enriched to the point from which we started, namely to a fancy about Keats in the Guy's of today. It is certain that under present circumstances consumption either would not attack him or would be detected early and effectively treated. It seems to me likely that he would find in modern medicine an immensely interesting study, the basis of a broad culture for any one who cares to take advantage of its opportunities, and one of the best resources left for those who prefer developing a full and rounded humanity to becoming an expert. Keats would write poems ; but only he himself could say what they would be like. Present fashions in verse would tend to exaggerate his worst faults, but his training would exert a counteracting influence, partly because science helps to eradicate false associations, partly because practical work is such a salutary aid towards a healthy state of mind. One must do as well as be, for the goddess loves a good craftsman. The common sense of his associates would also discourage him from appearing in his works as one on the verge of schizophrenia, a common state of mind among the admired performers of today. The enormous over-production of literature at present has had a very bad effect upon the value of the product ; consequently Keats would not set much store by immediate success nor would he hope to make a living out of poetry. Therefore, if he were wise, he would ask the Editor to print at least his shorter pieces in the *Gazette*, like his own " bards who died content on pleasant sward, leaving great verse unto a little clan." Collections of his poems would follow, and if they brought success, it would be welcome : if not, no matter.

The emancipation of women would be a help to Keats ; for though the moon seems lower, the maiden is more easily enskied : consequently the two images can be more readily fused. Like Shelley and like Parmenides, Keats wished his goddess to take him for a magic ride (*Endymion, Bk. IV*). Observe them, then, turning out of the front quadrangle, while Mr. Sawyer and Mr. Allen wave to them cheerfully. These two worthies would themselves rather be pilot or skipper than passenger ; but they are genial souls, students of medicine, too well informed to be censorious about variations in human behaviour. But, see, her hands are on the wheel—how shapely they are and soft, yet how dexterous! Her eyes are straight before her as she scours along : bright are they and eager ; yet her features are calm as with unerring skill she threads her way through the maze of traffic, lights and crossings.

Away, away, from men and towns
To the wild wood and the downs—
To the silent wilderness,
Where the soul need not repress
Its music lest it should not find
An echo in another's mind,
While the touch of Nature's art
Harmonizes heart to heart.

While he sits so close beside her, not a line of her lips, not a curve of her nostrils, not a detail of her ears nor the arch of her brows nor the finest texture of her skin are lost upon the poet. When the ride is over, the hamper is unpacked and the feast set out that is to satisfy the hungry soul. What courtesy will she extend to him now ?

The moon put forth a little diamond peak,
No bigger than an unobserved star,
Or tiny point of fairy scymetar;
Bright signal that she only stooped to tie
Her silver sandals, ere deliciously
She bowed into the heavans her timid head.

The goddess of Keats does not terrify ; yet it is an anxious moment and the agony of the poor young poet is so great that he seems near swooning. What will she do ? With a little light of laughter it may be, with some gesture of affection perhaps or a few words of grace, she has surely made a man of him at last !

Beyond a mortal man impassioned far
At these voluptuous accents, he arose,
Ethereal, flush'd, and like a throbbing star
Seen mid the sapphire heaven's deep repose.

The miracle that is the most wonderful of all miracles has come to pass : *transeat in exemplum!*

THE END

SAPPHICS : STELLA

In the laboratory, clad in a white coat,
Fresh as Spring morning, nearly as cold as one,
Corn-haired and green-eyed, worked for her living a
Female technician.

Her name it matters not: let's call her Stella:
Remote as an iceberg's heart, brittle as frost,
Men fell in love with her—briefly ah! briefly—
One on another.

She cared for none of 'em, otherwhere her hopes,
Fixed upon vastnesses far-off, impersonal;
Well as she work'd, her waking thoughts centred on
Inter-world travel.

In the laboratory, John Abercrombie
Also was occupied, his job to melt the
Paraffin for sections: and from afar he
Worshipp'd pale Stella.

Only just twenty-one, John was a stout lad,
Rather reserved, with something of a taste for
Morbid Anatomy: and she the first to
Waken his yearning.

Long-time and silently, fearfully, yearned he,
Slept ill in night-bed, grew pallid as paper,
Ate nothing, finally went into negative
Nitrogen balance.

'This will not do!' One day, tight'ning his knuckles,
Thus to himself declared John Abercrombie:
In the canteen he, a-sweat and pulse-throbbing,
Asked her to supper.

She minded not (She thought, 'One supper quite as
Good as another') So to his flat the next
Evening as ever was, swan-smooth, impassive, by
Underground came she.

Fever'd, ecstatic'lly, new-shaven, hair-shorn,
Self-prepar'd dainties he shower'd upon her,
Pea-soup and sago, Swiss cheese and red-currant-
Jelly and prune-juice,

Sugar-iced hardbake, nutmeg-besprinkled,
Anchovy paste and the best bread-and-butter,
Lastly outpour'd a rather expensive port-
Wine to wash down with.

Sated, she rose and said 'Thanks for a very
Nice supper,' but John, ere she came to the door,
Flushed and a-quiver, on right knee down-sinking,
Begged that she wed him.

She tinkled her answer, brief, bitter and black it was,
'I mean to wed, John, a twice-removed cousin
Who is engag'd in research on Atomic—
Pow'ring of Rockets.

He only my all-moving passion can complement,
Inter stellas ego!' 'Ah, then you'll not wed me?'
'Not,' she pealed icily, 'not, John, in this Space—
—Time continuum!'

Gone from him then she was. At the post-mortem,
John's myocardial rupture excited
Interest: was indeed later, I think, pre-
—Serv'd in a bottle.

P. J. E. WILSON.

CORRESPONDENCE

Letters to the Editor of the Gazette

Sir Charles Symonds

From Mr. A. W. Ormond

SIR,—Surely I am right that in 1915 I met in the ward at Guy's, one named Charlie Symonds just returned from the Continent, having as a despatch rider, shown the enemy outpost a clear "get-away"?

I also remember his lovely and accomplished mother and his very, to me in my raw days, kind and helpful father.

Allow me to join in A. H. D.'s. words of gratitude.

Also your notice regarding the death of Dr. du Boulay, has enabled me to make contact again with my old friend Sister Claire; still interested in her leper patients at St. Giles!

Many thanks.

Yours, etc.,

ARTHUR W. ORMOND.

The Summit,
Mount Ephraim,
Tunbridge Wells.

The Evelina Children's Hospital

From The Lady Superintendent

SIR,—From time to time letters reach us, which seem to indicate that many Guy's men and Guy's trained nurses are not aware of the association of the Evelina Children's Hospital with Guy's.

Enquiries for a suitable training School for Sick Children's Nurses may, for instance, come to Matron's Office at Guy's from prospective candidates who obviously do not realize that a training in the nursing of children is now available in the Guy's Hospital Training Schools.

The Evelina Children's Hospital is situated only half a mile from Guy's in the very heart of the Borough. Here some 1,900 patients were admitted during 1954 and in the very busy Out-Patient's Department about 33,000 children are treated annually. The Evelina is truly the Hospital of the Borough child.

Though primarily a training School for Sick Children's Nurses, Guy's nurses taking their general training as well as medical students come to the Evelina for special experience. As Evelina student nurses go to Guy's for certain parts of their training, there is a constant stream of two-way traffic between the two Hospitals.

I feel that this information may be of interest to your readers. I would add that we, at the Evelina, are always happy to welcome visitors or to give any information required.

Yours, etc.,

M. A. DUNCOMBE,
Lady Superintendent.

Evelina Children's Hospital of Guy's Hospital,
Southwark Bridge Road, S.E.1.

The Resonator Scale

From Mr. L. Willmore

SIR,—Mr. St. John Rumsey deplores the deterioration in standards of speech and song—a topic bristling with controversy! If this is due, as he suggests, to the "mis-use of science" it is important that we make use of reliable and up-to-date knowledge. For instance, the processes of phonation are very complex, but they are more exactly understood than he would have us believe. Still radiography, cineradiography, and, particularly, tomography, provide very detailed information. (Ardran, Kemp and Manen. *Brit. Journ. Radiology*, 1953, **26**, 497.)

The function of the variable cavities of the mouth, nose and pharynx as a resonator has also been examined much more scientifically than Dr. Aikin was able to do at the turn of the century, when he devised his "resonator scale."

But the real point is that scientific knowledge of this kind plays little part in the practical problems of voice production, or, for that matter, in remedial work.

The use of the voice in speech or song is not merely the operation of an attached musical instrument. It is a complex mode of behaviour of the individual *as a whole*.

It may be that we are no longer so interested in technical skill or vocal perfection as in the total expression of integrity and character, whether in speech or song. After all, we can still produce a Kathleen Ferrier and a Winston Churchill!

And why, oh, why must we still refer to vocal "chords"? "Cords" is bad enough, in all conscience!

Yours, etc.,
LEONARD WILLMORE.

Speech Therapy Dept.,
Guy's Hospital, S.E.1.

Guy's Sports Day

SIR,—May I, through the medium of the *Gazette*, announce an alteration in the date on which the Guy's Sports Day will be held?

This year it has been decided, in the hope of somewhat more clement weather than we have had in recent years, to hold the Sports in June, on Saturday the 18th.

We hope that this change will be to everybody's satisfaction, and that as many members of the Hospital staff and student body as possible, will attend.

Yours, etc.,
ROBIN G. GAIN,
(*Hon. Sec. Athletic Club*)

Guy's Hospital,
London, S.E.1.

The Students' Laboratory

SIR,—As a medical ward clerk one spends very many hours in the Hæmatology Laboratory laboriously counting cells, estimating the hæmoglobin, examining sputum, and testing urine and up to a point one is able to carry out the examinations adequately, but there are many improvements, a large number of which are simple, that could be introduced to ease the students' burden.

I would be the first to agree that not all students are tidy, considerate and conscientious, but the numbers who are not, are fortunately few, and it seems a pity that we should all be judged by the minority.

It seems incredible that in a big London Teaching Hospital like Guy's there should be only one hæmoglobin meter and that clerks and dressers in the surgical block who want to do a hæmoglobin have to walk across the Park and then toil up four flights of stairs only to discover that they have to wait behind two or three other people who are also waiting to use the apparatus.

This is only one point which surely could be remedied and there are others. Many students have suggestions which if they are acceptable would help to improve the position and I am sure a "suggestion box" in the laboratory would be a useful method for the student body to approach the hæmatology department.

Yours, etc.,
ONE EXHAUSTED MEDICAL CLERK.

Guy's Hospital, S.E.1.

REVIEWS

Basic Anatomy. By G. A. G. Mitchell and E. L. Patterson. E. and S. Livingstone. *Price* 45*s*.

According to the preface, this book is for students studying medicine and dentistry and should enable them to acquire a general knowledge of the entire body in his (or her) first term of anatomy. Its contents certainly fulfil the aim of the authors but it is doubtful whether many students can cope with the quantity of material in this book in the course of 10 weeks. It has, in addition to the usual chapters on the various systems of the body, a chapter on the history of anatomy and a glossary, both of which are welcome additions. The style is clear, if somewhat heavy at times, and the illustrations excellent, with perhaps one criticism. Should a book of this type have so many pictures of the nerve supply of the viscera? The book is fairly expensive and its price could possibly be reduced if the illustrations were decreased in number (e.g., the same picture appears on pp. 305, 320 and 330).

The reviewer, however, wishes to dispute at least one of the educational ideas put forward in the preface. How many educationalists would agree that "learning *in itself* is an essential ingredient in academic discipline" (reviewer's italics)? Surely one of the main criticisms of the teaching of anatomy, largely unjustified one may add, is that anatomists demand a sterile learning of detail which is of no value to the student. Unless one can give a good reason for teaching any particular detail of anatomy, it is the duty of the teacher to consider seriously whether it should be included in his teaching. The reasons may vary and need not be related to what a good general practitioner will know in 10 years time.

This book can be recommended to a wide circle of readers, not only medical and dental students at the beginning of their course, but to all those other students who require a sound knowledge of the structure of the human body—radiographers, physiotherapists, nurses, etc. Perhaps a future edition can be reduced in size and also in price.

J.J.

Artificial Respiration. By T. O. Garland, M.A., M.D., D.P.H. Faber & Faber Ltd., 1955. *Price* 6*s*. 6*d*.

With each passing year the toll of fatal accidents on our seaside beaches from drowning rises, often marring the pleasures obtained by the ever increasing numbers who make their annual holidays at the coast. Many die solely as a result of no one being present to administer adequate resuscitation, and the doctor or nurse if they are present will surely be the ones expected to direct such a procedure.

Dr. Garland in his accurate well written, and abundantly illustrated book traces the history, and describes the simple anatomy, physiology and the technique of all the accepted methods of artificial respiration.

He elaborates, for those interested in detail on how to proceed in confined spaces and even in such unlikely sites as the top of a telegraph pole.

No one who is connected with the medical profession can afford to be unfamiliar with the simple procedures required to cope with such a commonplace catastrophe when the outlay for such an excellent description is so low.

It is surely time that the saying attributed to Queen Anne's Thames Watermen that, "the only thing to do for a drowned man is to pick his pockets", was disproved around our shores and waterways.

P.H.K.

Reflections on Renal Function. By J. R. Robinson, M.D., Ph.D. Blackwell Scientific Publications, Oxford. 1954. Pp. 163. 3 Figs. *Price* 17*s*. 6*d*.

A book, whose author is a member of the Department of Experimental Medicine at Cambridge, whose title implies the absence of unnecessary minutæ and whose bulk can fit into the pocket, promises the intending reader an interesting and educative perusal. The promise is kept in a book which is amplified from lecture notes on physiology of the kidney and which is intended "to bridge the gap between the chapters in general textbooks and larger treatises". In addition to discussing the mode of function of the glomerulus and the tubule there are chapters on the excretion of water and sodium, renal control of acid-base balance, and regulation of the volume of the body fluids.

To those who are interested in reading a clear account of some of the more detailed and contraversial aspects of kidney function, this book will certainly appeal.

I.M.

Into General Practice—A Guide for Beginners and Others. By J. G. THWAITES, M.B., B.S. Wm. Heinemann Ltd. *Price* 12*s.* 6*d.*

This book is overdue. It collects information from various sources, official and otherwise, and puts them together. Only the searching of many official and unofficial pages elsewhere can produce a similar picture. Thus it will save the reader the time and labour of doing this. There is a dissertation on Medical Politics—dealing with important questions which demand the attention of everyone in the profession, the best chapter for the established practitioner. The ways of entering practice are well-known but the list may contain information new to some. The ideals of general practice are set down, and the aims of the general practitioner admirably proposed. The very important administrative set up which surrounds and impinges on every practice constitutes the best chapters in the book for new entrants. This information takes a lot of hard work in ferreting it out in practice. It is in this respect that a serious deficiency shows itself—there is no index and as such it has difficulty in establishing itself as a useful book of reference, which it could be. The time for the beginner to read it is when he is doing his house-jobs and it will be time well spent.

R.H.F.

SPORT

HOCKEY

Guy's hockey club has enjoyed one of its most successful seasons for some years. The 1st XI played 26 matches winning 17, losing 3 and drawing 6 with a goal ratio of 97 for to 46 against. The 2nd XI were unbeaten in their 14 club matches, winning 13 with 71 goals for, to only 13 against.

Both sides lost their respective cups, the 2nd XI in the first round, and the 1st XI in the final against St. Thomas'; these are the only two results which have cast a shadow on the season.

The 3rd XI did creditably with results which were better than usual, but were not as outstanding as those of the other two sides.

An enjoyable time was spent at Folkestone Easter festival—the premier tournament of its type in England. We were given the privilege of opening the festival on the main pitch, playing Hayes, the only other side to win all their matches at last year's tournament.

In this game we soon established a convincing 3-1 lead but in the last quarter of an hour, on easing up we lost 3-4. Our next performance was very poor, losing 1-4 to our old friends the South Saxons. On the Sunday Guy's drew 1-1, with Old Dovorians, while our finest effort was to come on Easter Monday, when we just lost 2-3 to United Services (Portsmouth), a strong side containing several of the Royal Navy team. Thus a most enjoyable weekend terminated the season.

Representative honours during the season were gained by several players. D. R. Laney played for Kent "A" and H. M. Tuddenham captained a Hockey Association's XI against Kingston G. S. Those who played for United Hospitals' on several occasions were:—

H. M. Tuddenham (Captain), D. R. Laney (Hon. Sec.), N. R. Cooke, J. I. Millar, M. F. Willis, R. R. Paul, M. M. Morgan, W. R. Knapman, M. B. Mackenzie and M. J. Woodman.

We would like to congratulate all these people, who are doing well for Guy's in the Hockey World, and we look forward to further honours in the future.

RIFLE CLUB

The club will be going down to Bisley for full-bore practice on the following dates:

Sundays: May 1st, 15th, 29th,
June 19th.

Teams have also been entered for the Astor Competition on Saturday, 21st May, 1955, and the United Hospitals' Rifle Club Meeting on Saturday, 4th June, 1955.

Further details will be posted in the colonnade.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior Staff of the Hospital and School for the period commencing 1st October, 1955. All appointments are for one year, unless otherwise stated.

Medical Registrars	2
Surgical Registrars (this includes 2 posts under the Exchange Scheme for Senior Registrars, as set out below)*	3
Junior Medical Registrars	3
Registrar in Thoracic Surgical Unit	1
Obstetric and Gynæcological Registrar	1
Registrars in the Ophthalmic Department (P/T)	3
Registrar in the E.N.T. Department	1
Registrars in the Department of Psychological Medicine	3
Chief Assistant in the Child Guidance Clinic	1
Registrars in the Dermatological Department (W/T)	1
(P/T)	1
Neurological Registrar	1
Chief Assistant in the Department of Anæsthetics	1
Anæsthetic Registrars (W/T)	1
" " (P/T)	1
Registrar in the Physiotherapy Department	1

Pædiatric Registrars (one with duties at the Evelina Hospital)	2
Orthopædic Registrars	2
Registrar in Endocrine Department (P/T)	1
Assistant Hæmatologist and Transfusion Officer	1
Registrars in the Department of Diagnostic Radiology	2
Registrars in the Department of Clinical Pathology (one with duties at the Evelina Hospital)	4
Junior Lecturers in the Department of Morbid Anatomy and Histology	3
Gull Student	1
Junior Lecturer in the Bacteriology Department	1
Junior Lecturer in the Department of Chemical Pathology	1
Junior Lecturers in the Anatomy Department (W/T)	4
(P/T)	1
Junior Lecturers in the Physiology Department (P/T)	2
Assistant to the Director of Department of Medicine	1
Senior Assistant (Research) to the Director of Department of Medicine	1
Junior Assistant (Research) to the Director of Department of Surgery	1
Assistant to the Director of the Student Health Service	1
Assistant to the Director of the Department of Obstetrics (P/T)	1

**Exchange Scheme for Senior Registrars in General Surgery.*

Senior Registrar 1—Guy's and Bermondsey and Southwark Group for four years (1st, 2nd and 4th years at Guy's, 3rd year at Bermondsey and Southwark Group).

Senior Registrar 2—Guy's and Bermondsey and Southwark Group for three years (1st and 2nd years at Bermondsey and Southwark Group, 3rd year at Guy's).

Forms of application are obtainable from the Superintendent's Office and the Medical School Office and should be lodged in one of these Offices **not later than 23rd May, 1955.**

Applications are invited for a full-time Research Fellowship in the Thoracic Surgical Unit for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Salary within the range £850 to £1,100 per annum according to the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st October, 1955:—

Department of Conservative Dental Surgery.

Part-time Registrars to attend on 6 or 3 sessions per week.

Department of Dental Prosthetics.

Part-time Registrars to attend on 6 sessions per week.

Minor Oral Surgery.

Part-time Registrar to attend on 6 sessions per week.

Dental Department for Children.

Orthodontic Assistant to attend on 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Saturday, 14th May, 1955.**

APPOINTMENTS

UNIVERSITY OF CAMBRIDGE

Examiners

Final M.B. Examination Part II, 1955

Mr. L. R. Broster
Mr. G. F. Gibberd
Dr. A. C. Hampson
Mr. T. L. T. Lewis
Mr. Grant Massie

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

SUNNY SPAIN. Come and enjoy the delights of fiesta atmosphere at **Hotel Adriano** at **Lloret de Mar** on the beautiful Costa Brava. Our enthusiastic staff are eager to give you a warm welcome and first class service. English and Spanish cuisine. All modern facilities. Resident English hostess.

Gay and enchanting **Lloret** *with its abundant* sunshine offers you all you desire for the perfect holiday at all times of the year. Springtime is especially beautiful.

Terms from 18s. 6d. per day. Write for Brochure to A. Hayes, 60, The Upper Drive, Hove. (Phone 58423) or direct to the hotel.

Wanted

ACCOMMODATION for wife, three children and self, in/near London for one month, November, 1955. Declan O'Keeffe, P.O. Box 71, Nakuru, Kenya.

DENTAL ASSISTANT required in very busy first class practice Herefordshire. Please reply with details of professional qualifications, age, etc., to Box No. 97.

DENTAL ASSISTANT with or without a view to partnership in pleasant S.E. London suburb. Box No. 101.

ASSISTANTSHIP urgently needed. Qualified Guy's 1952. Competent obstetrician and G.P., etc. Married, aged 35—car and full equipment. Jobless—homeless and almost destitute, write Box No. 99.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Replies to Box Numbers should be addressed to *Gazette* **Office, Guy's Hospital, London, S.E.1.**

NURSING NEWS

Staff Nurse D. J. Welsh appointed to Sister of *Elizabeth* Ward, Orpington.

Left: S/N. M. Williams.
S/N. M. Hillyard.
C/M. E. Magee.

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The Ministry of Health Mass Miniature Radiographic Unit will be at Guy's on Monday, 9th May, 1955, and subsequent days for the routine examination of students in the Medical and Dental Schools.

Before this date, notices will de posted in the Medical School, Dental School, Colonnade and College, giving the times of appointments. It is hoped that all students will make every endeavour to attend promptly at the time asked so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, or that he is unable to attend at the time requested, he should communicate with the Secretary to the Students' Health Service (Telephone : HOP 3500, Extension 389).

PASS LIST

UNIVERSITY OF LONDON

Special Second Exanination for Medical Degrees

March, 1955

A. F. R. Adams
J. R. Allan
Gillian Ball
Elizabeth S. Bates
J. S. Cameron
G. B. Cornford
Sheila M. Creegan
Una M. Dugan
M. K. Dunstan
R. W. Elsdon-Dew
L. A. Emmanuel
H. C. Evans
Judith A. G. Fletcher
I. R. A. Fullagar
P. J. Gladders
R. T. Hawley
J. S. G. Hayes
J. Hellewell
E. J. Horgan
P. W. James
Jill Joslin
K. G. Korsah
M. J. S. Langman
M. Lindsey
M. J. Loxton
Jean L. McNair
S. A. F. O. McNamara
R. Marks
Joyce C. Meyer
P. G. Parry
G. R. Peachey
Alina T. Picsowicz
H. D. W. Plowright
P. A. Robson
B. A. Ross
E. O. Sofowora
M. P. Wilderspin
J. G. Wright
R. J. Young
I. I. Zayid

CONJOINT BOARD

L.R.C.P., M.R.C.S.

Final Examination
April, 1955

Pathology

D. P. Addy
J. M. P. Davies
W. R. O. Eggington
D. C. Gill
G. C. Gould
R. I. Henry
G. I. Horsfield
I. D. Hudson
D. King-Price
R. C. Morgan
R. I. Muir
D. J. Palmer
K. E. Thomas
C. B. Thomson
T. M. Winstanley

Medicine

J. R. Batchelor
*J. D. Broome
*Gillian M. Cann
J. M. P. Davies
D. A. Earnshaw
J. F. Garner
M. C. Gie
R. I. Henry
I. D. Hudson
D. King-Price
*J. S. B. Meyer
*W. P. N. Moore
R. C. Morgan
D. J. Palmer
*T. Rowan
C. B. Thomson
C. J. Wallace

Surgery

N. K. Ashurst
*H. T. Davies
*Verna P. Firth
*J. G. J. Howell
*J. D. Miller
*F. A. Orhewere
*J. G. Parkes
*T. Rowan
*K. Wilderspin

Midwifery

D. A. Earnshaw
L. Cohen
R. Marx
D. L. Oldfield

*Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
March, 1955

Surgery: J. F. Marsden

Midwifery: R. E. Farmer, A. H. Sears.

GUY'S HOSPITAL MEDICAL SCHOOL

Treasurer's Medal and Prize in Clinical Medicine

April, 1955

Medal and Prize: Miss M. A. Barrie.

Certificate: P. J. E. Wilson.

Charles Oldham Prize in Ophthalmology

March, 1955

First Prize: L. Cohen.

Second Prize: P. D. Griffiths, E. W. Lord.

Third Prize: J. A. Morgan.

Michael Harris Prize in Anatomy

J. S. Cameron.

Sands Cox Scholarship in Physiology

J. S. Cameron.

ERRATUM

J. A. M. Martin has obtained the D.L.O. and not the D.A. as printed in our issue dated 5th February, 1955.

GUY'S HOSPITAL REPORTS

Contents 1955. Vol. 104. No. 1.

Milstein, B. B. and Brock, Sir Russell. The Operative Management of Pulmonary Valvotomy for Pulmonary Valve Stenosis with Normal Aortic Root. pp. 1-18.
Covill, F. J. Teratoma of the Testis treated with Nitrogen Mustard. pp. 19-22.
Smith, A. J. The Distinction of Sickle Cell Trait from Sickle Cell Anæmia. pp. 23-34.
Barter, A. P. and Falconer, M. A. Actinomycosis of the Brain. Report of a Successfully Treated Case. pp. 35-45.
Shephard, R. J. Pulmonary Arterial Pressures in Persistent Ductus Arteriosus with Particular Reference to Older Patients. pp. 46-50.
Ellis, F. G. The Effect of Thoracolumbar Sympathectomy on Headache in Essential Hypertension. pp. 51-54.
Scott, G. W. Ectopia Cordis. Report of a Case Successfully Treated by Operation. pp. 55-56.
Scott, G. W. Congenital Tricuspid Atresia. A Description of the Heart in Two Cases. pp. 67-78.

PAPERS BY GUY'S MEN

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(*Continued on page 194a.*)

Nurse in the Service of the Queen
in every corner of the world
in Q*A*R*A*N*C

If you are a trained nurse, dedicate your service to the soldiers of the Queen. In return you will know adventure, travel, and the prestige of a commission. There is unlimited scope in Q.A.R.A.N.C. for advancement in many spheres in the profession, as well as to higher rank in the corps itself. Your service may take you to Singapore, Malaya, Hong Kong, Japan, Africa, Gibraltar, Bermuda, Malta, Jamaica, Germany, Austria, or on troopships. Write to the address below for full details of the opportunities that await you.

QUEEN ALEXANDRA'S
ROYAL ARMY
NURSING CORPS

WRITE TO: MATRON-IN-CHIEF, WAR OFFICE, (AMD4/GO/1301/1) LONDON, W.1

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CHANGES OF ADDRESS

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Amendment

A. W. Cook, M.B., B.S., D.R.C.O.G., 24 Talbot Avenue (not Road), Bournemouth, Hants.

BIRTHS

MACKENZIE.—On 6th April, 1955, in Nuffield House, Guy's Hospital to Anthea and Ian Mackenzie, a daughter (Caroline Jane).

MacLEOD.—On 14th April, 1955, at Nuffield House, Guy's Hospital to Joan, wife of Ian S. MacLeod, M.B., B.S., a son (Hamish).

MARTIN.—On 24th March, 1955, at Canadian Memorial Hospital, Taplow to Dorothy, wife of J. Antony Martin, M.B., B.S., D.L.O., a son (Mark), a brother for Sarah.

MARRIAGE

HOPE—ZEPPENFELD.—On 19th March, 1955 at Church of Immaculate Conception, Rosebank, Johannesburg, Humphrey D. Astley Hope, M.B., B.S., B.D.S., to Mary Graham Zeppenfeld.

DEATHS

DAVIES-COLLEY.—On 16th April, 1955, Robert Davies-Colley, M.Ch., F.R.C.S., at Nuffield House, Guy's Hospital.

FITCH.—On 19th March, 1955, Keith Simpson Fitch, O.B.E., F.R.C.S.(Edin.), F.R.G.S., at the age of 55.

WILES.—On 8th April, 1955, John Herbert Wiles, L.D.S.R.C.S., of Norbury House, The Green, Southgate, N.14.

YOUNG.—On 3rd April, 1955, William Arthur Young, M.B., B.S., D.T.M. and H., at his home in Westcott, Surrey.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1743 *14th May 1955* *One Shilling*

PASSIM

THE other day at our local railway station we saw a large clean notice being removed and another of similar type put in its place. The strange feature of the affair was that the new differed from the old in one word only. The original notice said: *TO BOOKING OFFICE.* It was replaced by: *TO TICKET OFFICE.* Nothing in that, you will say; merely another reason why railway charges continue to increase. But the change of one word turns the wheel of history on more than a hundred cycles. For the 'Booking Office' of the railway was the direct offspring of the office where, in the days of the stage coach, intending passengers had their names entered into a book containing the list of travellers for the laborious, irksome, 'stages' of those days. Now the booking office is gone. We record its passing with regret as, no doubt, we shall soon record the end of the railway 'coach' or 'carriage' when the modern open saloon replaces our familiar many-door vehicles. After all, they are nothing more or less than a number of stage coaches placed end to end on a common chassis.

On Sunday, 22nd May, there will be a short service of dedication of a window in the Chapel at Pembury Hospital to past members of the medical staff. On the same occasion two plaques will be unveiled in memory of the late Mr. E. C. ('Joey') Hughes and Mr. John Carter Braine. These ceremonies will take place during the ordinary Sunday morning patients' service and all visitors will be most welcome.

We extend our congratulations and a cordial welcome to Dr. John J. Fleminger who has been appointed Assistant Physician in the Department of Psychological Medicine. Dr. Fleminger, who qualified at St. George's Hospital, comes to us from the Maudsley Hospital and takes up his appointment on 1st July.

We offer our congratulations to Mr. J. D. Trethowan, at present Chief Assistant in the E.N.T. Department at Guy's and a Consultant at several other hospitals, upon his appointment as Consultant E.N.T. Surgeon to the Mid-Kent and Medway Groups of Hospitals with headquarters in Maidstone. He will be taking up his duties there in the near future and the good wishes of all his friends at Guy's will go with him. We will hope to see him back with us frequently.

Despite assistant editorial reluctance, we record with much pleasure the award of the University Gold Medal to our assistant editor Dr. P. S. Boulter who, in the final M.B. results just announced, was distinguished in Medicine and Surgery. We also note with much satisfaction that Miss Verna Firth was distinguished in Medicine and Mr. H. B. Anstall in Therapeutics. We offer them all our warm congratulations.

At the Residents' Ball the other night Sir Charles Symonds was reminiscing. "I remember well," he said, "when I was a surgical dresser, assisting my father at operations carried out, in many cases, on the kitchen table in the home of the patient concerned". The anæsthetic was of the 'rag and bottle' type and the surroundings primitive indeed by modern standards. "But," said he, flashing round that infectious, broadening, mischievous smile, "they did *very* well".

He spoke, too, of the first appendicectomy performed, we believe, by his father Sir Charters Symonds after reluctant permission had been granted by the physicians. But that is another story which we hope he will put on paper one day. We wonder if the next half century will bring comparable changes in technique and management?

GUY'S DIARY

MAY			Exhibition. Department of Surgery. *Obstructive Jaundice.*
17th	T	1.00	Mr. F. R. Kilpatrick. Clinical Lecture. *Renal Calculi.*
19th	Th	5.00	X-ray Meeting. Gordon Museum.
20th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture. *Hypotensive Drugs.*
		2.15	Combined Round. Pre-clinical Classroom.
22nd	S	10.30	Memorial Service to past members of Medical Staff, Pembury Hospital, Kent.
23rd	M	1.00	Mr. J. S. Tomkinson. Clinical Lecture. *Lawson Tait, Father of Abdominal Surgery.*
26th	Th	5.00	X-ray Meeting. Gordon Museum.
27th	F	2.15	Combined Round. Pre-clinical Classroom.

NOTICES

B.M.A./C.M.A. MEETING, TORONTO

An informal Cocktail Party is being arranged for Guy's men and their wives during the week of the Combined B.M.A./C.M.A. Meeting at Toronto in June. Those who would like to attend are asked to enquire for details of time and place when registering at the meeting.

GAZETTE SUBSCRIPTION

We announce with regret that as from now the *Gazette* subscription will not include the biennial Guy's Hospital Directory which will in future be sold separately. The *Gazette* subscription itself remains at 12*s*. 6*d*. per annum post free and 7*s*. 6*d*. per annum delivered at the Hospital.

CHRISTMAS CARD COMPETITION

We announce the offer of a prize of £5 5*s*. for the best original Christmas Card design suitable for publication by the *Gazette* Committee. Entries must be received by the 30th August, 1955. The Editor's decision will be final.

ART EXHIBITION

Please do not forget to send in your paintings and photographs for the June Exhibition by 28th May, 1955.

(All particulars from the Medical Illustration Department).

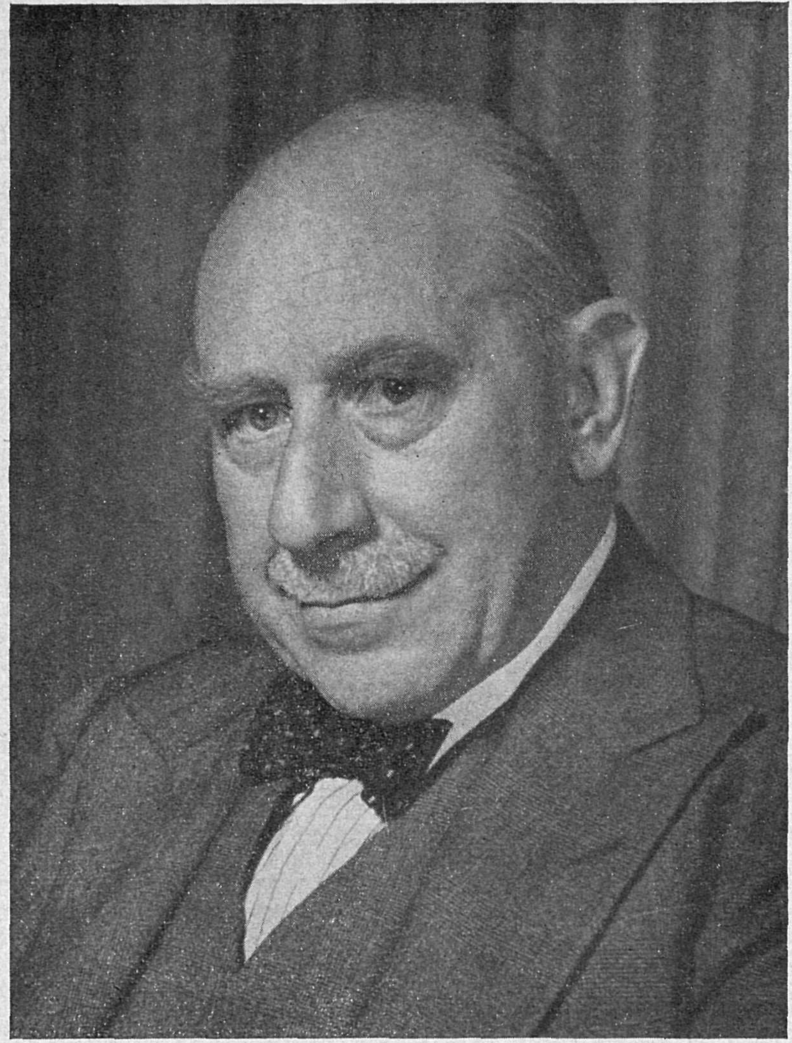
OBITUARY

ROBERT DAVIES-COLLEY, *C.M.G.*, M.CH., F.R.C.S.

THE death of Robert Davies-Colley, who died in Nuffield House on 16th April, 1955, after a long illness, has robbed Guy's of a very distinguished figure and of one who had played a large part in the life of the Hospital for nearly fifty years. It would almost appear that he had medicine in his blood, for his father before him was Senior Surgeon to the Hospital; his elder brother was Chief Surgeon to the Cambridge Military Hospital at Aldershot and his sister, Eleanor, who died in 1934, was the first woman to be admitted to the Fellowship of the Royal College of Surgeons of England. "D.-C.", as he was affectionately known at Guy's, was educated at Westminster School and at Emmanuel College, Cambridge, and came on to Guy's for his clinical period in 1903. After qualifying and completing the routine house-appointments, he became Obstetric Registrar. Had the opportunity offered at the appropriate time he would have preferred to take up that specialty, but there was no prospect of a vacancy and he transferred his allegiance to the Anatomy Department, which was then the recognized channel of approach to a career in surgery. In the face of keen competition—he was a contemporary of the late Blundell Bankart—he was appointed Assistant Surgeon to the Hospital in 1912. The outbreak of the first world war in 1914 saw him in France as a Surgical Specialist, and later he became the Consulting Surgeon to the Mesopotamian Expeditionary Force and for his services in this connexion he was mentioned in dispatches and was made a Commander of the Order of St. Michael and St. George. On retirement at the end of the war he was granted the rank of Honorary Colonel in the Army Medical Service.

Returning to Guy's in 1919, he resumed his surgical work and was appointed Lecturer on Surgical Pathology and Curator of the Gordon Museum. These appointments gave him the control of a vast amount of material which he utilised to such good purpose that he soon became a recognized authority and his opinion on a section, especially a section of one of the rarer forms of bone tumours, was second to none, although he himself was always prepared to defer to the views of his old and close friend "Nick", for whom he cherished the most profound admiration and respect. It was unfortunate that he possessed a very strong, and possibly rather exaggerated, dislike for publicity in any form, and he was always reluctant to publish his ideas, although for many years he was a regular contributor to the discussions of the Medical Society of London, where he was Lettsomian Lecturer in 1941. On that occasion he dealt with "The Pathology of Bone Tumours", on which his knowledge was at that time almost unique, but unfortunately that lecture, although duly delivered, never saw the light of day in print owing to war conditions.

In more ways than one "D.-C." was a big man and in keeping with his bodily proportions his hands rather gave the erroneous impression that he might not possess the dexterity that modern surgery demands. In practice he proved to have exceptionally good hands and, at a time when the use of small incisions was giving way to the desire



Barbara Davies-Colley

ROBERT DAVIES-COLLEY, C.M.G., M.Ch., F.R.C.S.

Consulting Surgeon Emeritus to Guy's Hospital to obtain a wide field of view no patient of his was ever subjected to any trauma that was conceivably avoidable. His powers of diagnosis were impressive and his judgment, based on his expert knowledge of surgical pathology, put him in the front rank of the surgeons of his day, although, as he himself was conscious, it never brought him the rewards in private practice to which he was on merit more than entitled.

When the second world war broke out, "D.-C." was already the Senior Surgeon of the Hospital and he willingly transplanted himself to the County Hospital, Farnborough. There he lived for the duration of the war in a very modest billet and, throughout the whole time, without any apparent effort on his part, he exerted a steady and constant influence on the surgical standards of the Hospital and succeeded in establishing a tradition that was strong enough to survive his retirement.

"D.-C." was a man of high principles and he rather tended to assume that others had his own high standards of values. To those who were fortunate enough to be numbered amongst his friends, he was a delightful companion and he had a keen sense of humour. His laughter was always well under control, but when he was really amused it ended in a half-smothered gurgle, which it was a joy to arouse. On the other hand, the shams and bluffs which, unfortunately, are not unknown in medicine nor unprofitable to their perpetrators, always called forth his outspoken and whole-hearted condemnation and contempt. I shall never forget, too, his outspoken comments on the action of the son of a friend who was, on one occasion, at the end of the line in a shoot in early September. A fine cock pheasant flew right down the line without a gun being raised, to be brought down by the youngster against all "D.-C's." most cherished traditions, for he was very keen on shooting and was a good shot. All his instincts were outraged, but he left it to the father to deal with the boy.

His unfailing courtesy and his good temper were proverbial. At Farnborough, there were many occasions when there was little work to be done and time hung heavy on his hands, but he was very fond of a game of bridge and often roped in a novice as his partner. Occasionally the newcomer would make a really bad error, and then he merely raised his eyebrows but there was an amused twinkle in his eye that gladdened the heart.

The death of his only son in the attack on Sicily was a heavy blow to him and he was never quite the same man thereafter, although he continued to carry out his active duties at Guy's and at Farnborough for several years. About this time it became increasingly difficult to ensure that in the event of casualties in the Guy's area a member of the Surgical Staff of the Hospital would be available. "D.-C." did not hesitate to put his name on the rota for duty and he never failed to appear each time his turn came round.

He had inherited a deep vein of Conservatism and as he grew older he tended to regard any suggestion that implied change with considerable suspicion until he had satisfied himself that the change was for the ultimate good of the Hospital. In 1938 he succeeded Mr. W. M. Mollison as Chairman both of the Medical Committee and of the School Council but he resigned from both offices when it became clear that planning schemes for extensive reconstruction, which called for the energetic activities of a younger man, must be undertaken. His last years were marred by his own illness, and the death of his wife, who predeceased him in 1953, was the culminating blow. We mourn the loss of one who personified in himself all that was best and all that was most attractive and likeable in the perfect English gentleman of the old school.

T.B.J.

TRAINING WITHIN INDUSTRY

On Monday, 18th April, something in the nature of an experiment was started in Guy's Hospital—the introduction of a condensed course of instruction in the methods of Training Within Industry for Supervisors.

The course was given to eight Sisters and covered the principles of: "A Supervisor gets results through people", Job relations, Job Analysis, and Job Methods.

The idea that Hospital staffs could advantageously make use of methods employed in industry in dealing with their problems came from America via The World Health Organisation.

There has in consequence arisen a lively interest in this experiment and the obvious advantages of this training. T.W.I. ensures:—

1. Reduced labour turnover.
2. Accurate passing of information.
3. Reduced training time.
4. Improved methods.
5. Reduced scrap.
6. Good working relationships.

The advantages of training in Job Relationship and Job Analysis may be more clearly applicable to Hospital work than that of Job Methods, where the human factor enters, did we not realize that good relationships do not flourish where the staff are tired and overworked.

Training in Job Methods is a practical plan to make better use of *available* manpower, equipment and materials.

It is no exaggeration to suggest that good job relations and job analysis cannot be practiced unless *time can be found in which to do it.*

Conservation of nurse power is urgently needed: old methods must be constantly reviewed.

Training Within Industry has a very valuable contribution to make to all grades of Hospital staffs.

Mr. F. H. Pearson gave a clear, interesting and able demonstration of the methods of T.W.I. in the way he noted the reactions of his "learners" and put them at their ease, checked their existing knowledge, created intense interest, and continued until he was satisfied the job was understood. The whole course was a thoroughly happy one and much appreciated by his pupils. Photographs were taken for the *Nursing Mirror* and *Nursing Times.* It is understood that several Sisters will have further training to become instructors of T.W.I. to the Nursing staff at Guy's.

M.S.G.

DIARRHŒA

A Clinical Lecture delivered in the Medical School on 24th March, 1955

By S. H. WASS, M.S., F.R.C.S.

LADIES AND GENTLEMEN,—The two upsets of bowel function, diarrhœa and constipation, are both common. Diarrhœa, however, presents more difficulties of diagnosis than constipation and is potentially more sinister because its significance is often overlooked. We must all learn to recognize that type of constipation which signifies chronic obstruction of the large bowel due to malignant disease or diverticulitis, but apart from these two causes constipation is seldom a serious symptom. Diarrhœa, on the other hand, is often a serious symptom and always requires the most careful investigation.

The causes of diarrhœa are numerous and I propose to exclude from my remarks to-day the short-lived illnesses which arise from the various forms of acute enterocolitis. I shall only consider the diagnosis of chronic or intermittent diarrhœa. Many different classifications have been adopted to attempt to simplify the problems of chronic diarrhœa but none is entirely satisfactory. A common approach is to subdivide the causes of diarrhœa upon an anatomical basis, considering in turn those causes which arise from affections of the stomach, the small intestine, the various parts of the large intestine and from general systemic disease. This method is useful in producing a catalogue of possible causes but it is cumbersome and of little help in the practical problem of differential diagnosis. Similarly a pathological approach, by dividing cases of diarrhœa into inflammatory, neoplastic and other groups, is not a convenient method when we are face to face with an individual patient.

As in all clinical problems, a correct diagnosis is most likely to be achieved by careful assessment of the facts which are most readily available. The age of the patient, a detailed history of the diarrhœa itself and of any associated symptoms, and a complete physical examination will usually enable us to focus our attention on the probable cause of the trouble. In the absence of positive physical signs, or in confirmation of clinical findings, investigations such as sigmoidoscopy and barium radiography may be required, but they should not be performed until the limits of clinical diagnosis have been reached. An oft-neglected observation in the diagnosis of a patient with diarrhœa is a naked-eye examination of the stools. This simple observation, in conjunction with the patient's history, gives most valuable information; and indeed the most practical classification of the causes of chronic diarrhœa is based upon it.

Sir Arthur Hurst defined diarrhœa as "the too frequent passage of too loose stools". In *true diarrhœa* every stool passed during the day has this loose character and may or may not contain recognisable abnormal constituents. In *spurious diarrhœa* the patient passes a solid, formed motion, usually in the morning, and for the rest of the day the motions consist of some abnormal fluid discharge from a lesion in the lower bowel. This differentiation between true and spurious diarrhœa is the first step in arriving at a clinical diagnosis.

Spurious Diarrhoea.

Spurious diarrhœa implies the existence of a localized lesion in the rectum or the lower part of the pelvic colon. The proximal colon is normal and can therefore exercise its physiological function of water absorption and the formation of a solid stool. This stool is passed in accordance with the patient's usual bowel habit but may be contaminated by some abnormal discharge. Thereafter the patient has several unusual calls to stool during the day and the further motions are fluid in consistency and consist of a pathological discharge containing blood, altered blood, mucus or pus.

The lesions most likely to cause spurious diarrhœa are:

1. Ulcerating carcinoma of the rectum or pelvic colon.
2. Villous tumour of the rectum or pelvic colon.
3. Proctitis:

   (*a*) Non-specific. (*b*) Tuberculous. (*c*) Gonococcal.

Malignant ulcers of the rectum and pelvic colon give rise to a discharge of blood and mucus into the lumen of the bowel. This fluid secretion tends to accumulate overnight and on rising in the morning the patient often feels an urgent desire to defæcate. The morning stool is therefore contaminated by the presence of blood and mucus and there is sometimes a feeling of incomplete emptying of the bowel so that the patient goes to stool on several occasions during the next one or two hours. During the day further small quantities of blood and mucus are passed, and if the ulcer is in the rectum itself tenesmus is a common complaint. *Villous tumours* of the rectum and colon are benign papillomata. Although they often become very large they do not usually bleed, but give rise to a profuse outpouring of mucus. Some of this mucus is passed with the solid morning stool but for the rest of the day the patient has spurious diarrhœa and passes clear colourless mucus. *Proctitis* is an inflammatory lesion of the rectum and may be due to one of several causes. The commonest variety is a non-specific infection commonly called *granular proctitis* on account of the appearance of the mucus membrane on proctoscopic examination. *Tuberculous proctitis* is often associated with active phthisis and may be accompanied by painful fissures or ulcers at the anal margin. *Gonococcal proctitis* is rare but may occur in either sex. All these inflammatory lesions cause a mild spurious diarrhœa and the fluid passed per rectum contains blood, mucus and sometimes pus.

The importance of digital examination of the rectum in patients suffering from spurious diarrhœa needs no emphasis. Malignant tumours and benign villous tumours of the rectum are always within reach of the examining finger. If no tumour is felt the finger stall must be examined for the presence of blood, and this finding is always of serious significance. In the absence of a palpable tumour the next step in diagnosis is a sigmoidoscopic examination. Difficulty may be experienced in passing the instrument beyond the pelvi-rectal junction but if this cannot be done, and blood is seen coming down from above, the presence of a growth is certain. Tumours just beyond the pelvi-rectal junction are often difficult to visualize and radiographic examination by means of a barium enema is unreliable; if the history suggests the presence of a growth at this site and if a satisfactory sigmoidoscopy cannot be performed, exploratory laparotomy is the only method available for diagnosis. Inflammatory lesions of the rectum causing spurious diarrhœa are readily diagnosed by the use of the proctoscope and sigmoidoscope.

True Diarrhoea.

In true diarrhœa the upset of bowel function is such that no solid motion is passed and every stool is abnormal. Whatever cause may be responsible for the diarrhœa the contents of the small or large intestine are passed per rectum too quickly to allow normal water absorption to take place in the colon. As a result the stools are unformed and may be semi-solid or fluid in consistency according to the severity of the disease. In addition, according to the nature of the disease, abnormal fluid constituents in the form of blood, mucus or pus may be added to the stools. When these abnormal constituents are passed in sufficient quantity to be recognized on macroscopic examination it is possible to decide upon the likely cause of the diarrhœa by simple inspection of the stools and a careful analysis of the patient's history in relation to his age. These clinical observations are of much more value than multiple investigations although, of course, it is often necessary to perform a sigmoidoscopy and radiographic or other examinations to confirm the diagnosis. According to the character of the motions we may thus divide the causes of true diarrhœa into the following groups:—

(*a*) *Loose stools, yellow, putty-coloured, or light brown, with no recognisable abnormal constituents.*

1. *Systemic disease*, e.g., hyperthyroidism.
2. *The stomach.*
    - Achlorhydria.
    - Post-gastrectomy syndrome.
    - Gastro-colic fistula.
3. *The small intestine.*
    - Intestinal hurry.
    - Idiopathic steatorrhœa.
    - Tabes mesenterica.
    - Crohn's disease (regional ileitis).
    - Tuberculous ileitis.
    - Ileo-colic fistula.
4. *The large intestine.*
    - Excessive fermentation.
    - Abnormal gastro-colic reflex.
    - Ileo-colic anastomosis following resection of colon.
    - Post-dysenteric diarrhœa ("Gyppy tummy").
    - Colitis following antibiotic therapy.
    - Diverticulitis.

Some of these causes represent simple functional upsets, some follow surgical operations and others are due to organic disease of the alimentary canal. Differential diagnosis within this group is difficult because so many causes have to be considered, but it is important to exclude organic disease before prescribing symptomatic treatment.

(*b*) *Loose or semi-solid stools associated with mucus.*

Carcinoma of the cæcum.
Villous tumour of the colon.
Polyposis coli.
"Mucous colitis".

"Mucous colitis" used to be a fashionable diagnosis but it is doubtful if such a condition really exists. People with a lifelong addiction to purgatives sometimes suffer from diarrhœa with the passage of mucus after excessive purgation, but their chief complaint is constipation. A true mucous diarrhœa is usually due to one of the tumours listed above and the diagnosis of "mucous colitis" is best avoided altogether.

(*c*) *Loose or semi-solid stools associated with blood and mucus.*

Carcinoma of the cæcum or colon.
Polyposis coli.
Ulcerative colitis.
Granular proctocolitis.
Recurrent amœbic dysentery.
Colitis following antiobotic therapy (rarely).
Diverticulitis (rarely).

(*d*) *Loose stools associated with blood, pus and mucus.*

Severe ulcerative colitis.
Pelvic abscess.

The presence of blood, pus or mucus in the stools, in whatever combination they occur, is always of serious significance. The causes of this type of diarrhœa are relatively few and so long as we are aware of the dangerous possibilities the chance of mistaken diagnosis is lessened. Blood, pus or mucus in the stools can never be ignored and, in addition to a thorough clinical evaluation, sigmoidoscopy and barium radiography are always required to establish a diagnosis. Diarrhœa is always a potentially serious symptom and because it can be due to so many causes diagnosis is often very difficult. I have tried to simplify the problem as much as possible and to show you that with this simplified approach the ordinary methods of clinical diagnosis which you are taught every day will lead you surely to your goal and, realizing the danger signals, will prevent those grave errors of diagnosis which are still unfortunately too common.

YORK CLINIC

SURVEY AND FOLLOW-UP FOR THE YEAR 1953

By MOYA WOODSIDE

(*Research Psychiatric Social Worker*)

It has seemed for some time that the results of the York Clinic follow-up would be more illuminating if they were related to a general survey of admissions during the year to which the follow-up referred. Such survey in itself provides statistical information, not elsewhere recorded, about the Clinic's activity for a 12 month period, and may be used as a basis for the comparison of clinical and social trends. A fuller analysis of certain social data is published in a recent *Guy's Hospital Reports* (see "Social Class in a Psychiatric Clinic").

Number, Status and Sex of Patients. During the 12 months 1st January to 31st December, 1953, there were 328 discharges, an increase of 55 over the previous year (1952: 273). Discharges for 1951 and 1950 were 290 and 304 respectively. 171 patients were admitted to N.H.S. beds, 157 to private beds. Women patients, as usual, outnumbered men (196: 132). This higher proportion is a constant feature of York Clinic admissions. 29 patients were members of the medical or allied professions (dentists, nurses, radiographers, etc.). There were 26 admissions direct from the general wards of Guy's Hospital, and 3 from Nuffield House. These in the main were psychiatric emergencies, *e.g.*, confusional states, requiring specialised nursing care. The average length of stay (all patients) was between 6 and 7 weeks.

TABLE I

DIAGNOSTIC DISTRIBUTION OF PATIENTS (1953)

1st January to 31st December, 1953

INT. CODE	DIAGNOSIS	NUMBER	PER CENT	PER CENT FOR PREVIOUS 3 YEARS
301	Manic-Depressive	131	40	42
311	Hysterical Reaction ..	27	8	6
320	Pathological Personality (Includes Addiction)	25	8	5
308	Organic Psychosis	23	7	4
310	Anxiety Reaction	22	7	11
302	Involut. Melancholia ..	20	6	4
312/13	Obsessive-Compulsive ..	16	5	4
300	Schizophrenia	16	5	8
322	Alcoholism	12	4	7
316/17	Neurosis with Somatic Symptoms	10	3	7
318	Hypochondriasis	8	2	—
303	Paranoia	7	2	1
304/5	Senile Psychosis	4	1	1
325	Mental Deficiency	3	1	—
328	Non-Psychiatric	4	1	—
	TOTAL	328	100%	

The coding used in this table is that of the International List of Diseases (1947). It will be seen that the diagnosis of depressive illness continues to make up more than a third of all Clinic admissions. The other diagnoses, including neuroses and psychopathies, are more evenly represented. There has been a decrease in the percentage of schizophrenics and alcoholics, compared with the previous 3 years;

and an increase in hysterics, psychopaths and addicts. Organic psychoses have also increased in proportion.

When considering follow-up results, it must be remembered that the prognosis and prospects of successful treatment differ widely according to the nature of the disease. Some groups of patients, *e.g.*, senile arteriosclerotics, certain of the organic conditions, are admitted largely for investigation and assessment. No treatment is available which can arrest their downward course. Hypochondriasis and obsessive-compulsive disorder are two persistent conditions very difficult to cure or relieve. On the other hand, the prognosis for depressive illness and anxiety states is usually good. These known prognostic expectations are reflected in the York Clinic follow-up results, and compare closely with results from other hospitals where similar inquiries are undertaken.

TABLE II

DISCHARGES, 1953; AVAILABILITY FOR FOLLOW-UP; NUMBER OF REPLIES

Total	Re-Adm.	To Mental Hosp.	Self-Disc.	Un-traceable	Died	Other	Total Available	G.P.O. Ret. Letter	No Reply	Total Replies
328	53	12	9	1	14	12	227	3	28	196
100%	16%	4%	3%	—	4%	4%	69%	—		
							100%	1%	12%	87%

TABLE IIA

DISCHARGES FOR 3 YEARS, 1950-1952 INCLUSIVE

Total	Re-Adm.	To Mental Hosp.	Self-Disc.	Un-traceable	Died	Other	Total Available	G.P.O. Ret. Letter	No Reply	Total Replies
867	120	56	36	7	20	23	605	13	76	516
100%	14%	6%	4%	1%	2%	3%	70%			
							100%	2%	13%	85%

The aim of York Clinic follow-up is to assess the results of completed treatment, one year after discharge. Only those patients, therefore, whose treatment was complete, and who had not been re-admitted during the subsequent 12 months, receive the inquiry form. Re-admitted patients are included in a later follow-up, one year after their final discharge.

Re-admissions (column 1) continue to rise. Of patients admitted *for the first time* after 1st January, 1953, 53 or 16% were re-admitted during the year. The combined rate for 1950-1952 was 14%. At any one time, with re-admissions from previous years, a fifth to a quarter of the Clinic's beds are occupied by patients who have been there before. To some extent this situation is inevitable, taking into account the recurrent nature of much psychiatric disorder. It also reflects the continuing interest and consideration extended to former patients, who know that their need for help will not be ignored.

Four per cent, requiring long-term care, or too disturbed for management in the Clinic, went direct to Observation wards or mental hospitals. Three per cent, mainly patients suffering from hysteria, alcoholism and paranoia, discharged themselves against medical advice. In addition to the listed 14 patients who had died before they were due for follow-up inquiry, information was subsequently received about the death of a further 3 (as for example, someone from whom no reply was received at the time). This final total of 17 includes 8 known suicides, most of them alcoholics or addicts. Other deaths were mainly of senile or elderly patients, some of whom succumbed after operation for unrelated conditions, *e.g.*, carcinoma. "Other" includes short-stay patients admitted for investigation, management, or temporary care, not for extensive treatment.

When all these cases were excluded, 277 patients or 69% were available to receive the inquiry form. 196 or 87% replied. Very occasionally, where the sending of a form was judged inadvisable, information was obtained from the patient's family doctor or a near relative.

Comparing Tables II and IIA, the statistical picture shows little change. Almost the same percentage of patients is available for follow-up; the proportions of those excluded are similar to previous years (in 1953, fewer went to mental hospitals, more have died); and the percentage of responses continue at a high level.

TABLE III

1953. RESULTS OF TREATMENT

ANALYSIS OF REPLIES 1 YEAR AFTER DISCHARGE

Total	Well	Improved	Sick	In Hospital	Dead
196	91	67	28	8	2
100%	47%	34%	14%	4%	1%

TABLE IIIA

RESULTS OF TREATMENT

COMBINED FIGURES FOR 3 YEARS 1950-1952 INCLUSIVE

Total	Well	Improved	Sick	In Hospital	Dead
516	254	154	73	24	11
100%	44%	30%	14%	5%	2%

Patients are assigned to one or other category by the consultant and the investigator, using a threefold basis of questionnaire reply, nature of the illness, and their personal knowledge of the patient. Four years' experience has shown that careful assessment of this sort, even without further interview, can be relied on as a reasonably accurate guide to the progress and condition of York Clinic patients

The results for 1953 (Table III) are almost identical with those for previous years (Table IIIA). At the time of the inquiry, 81% of patients followed were well or improved, carrying on with their work or their domestic responsibilities. 14% had relapsed and were ill at home; 4% had been admitted to mental hospitals. During the year, or in course of 1954, 11 patients underwent a leucotomy operation in the Guy's-Maudsley Neurosurgical Unit, returning to the Clinic for nursing care and rehabilitation. On the whole, these patients have done remarkably well, and appreciative letters have come from them and their relatives. Their long-term progress will be followed at regular intervals, possibly as part of a special study.

Non-Replies. An analysis has again been made of the group of patients (28) who did not reply. This year the picture is different: instead of the defaulters being chiefly sufferers from alcoholism, hysteria and psychopathic states, depressive patients predominate (13). Almost equal numbers are drawn from Health Service and private patients (13 : 15), instead of the latter appearing twice as often. After the definite trend of previous years, these 1953 findings are unexpected, even though they correspond much more closely to the diagnostic and social distribution of patients in the Clinic (Table I).

In the recent Mayer-Gross/Slater/Roth textbook of psychiatry, the authors emphasise the need for a more objective approach to the assessment of results of treatment in this branch of medicine. They deplore the vagueness, imprecision, and speculation so often associated with psychological data; and stress the importance of systematic clinical observation, careful recording, and quantitative studies. The York Clinic follow-up attempts precisely this sort of factual measurement, and provides an annual record of the results of treatment achieved by an in-patient unit in a general teaching hospital.

Acknowledgement. I wish to thank Mr. R. P. Goodman for assistance with the tabulations.

Reference: *Clinical Psychiatry.* W. Mayer-Gross; Eliot Slater; Martin Roth. London. Cassell, 1954.

CORRESPONDENCE

Letters to the Editor of the Gazette

Robert Davies-Colley—A Tribute

From Mr. A. W. Ormond

SIR,—There are many better able to record Robert Davies-Colley's work, but I should like to pay this tribute to my old colleague.

To face and resist with serenity for over half a century, an enemy which had taken such deadly toll of one's kith and kin, is to display the highest kind of mental and moral courage. *Vale frater, ave atque vale.*

Yours, etc.,
ARTHUR W. ORMOND.

A Dispatch Rider's ' Well Directed Activity '

From Sir Charles Symonds

SIR,—Mr. Ormond's memory is correct. While serving as a despatch rider in September, 1914, I lost my way. It was dark and raining, and I was riding without lights. Thus I approached a soldier whom I took to be one of our own. I dismounted to ask my whereabouts. That before doing so I had put my motor-cycle on its stand facing in the direction from which I had come, shows that I had learned at Guy's to safeguard diagnosis. The favourable prognosis was determined by an acute anxiety reaction which caused my adversary to miss me with every shot in his magazine, and lent me wings to leap on to my machine. My personal experience on this occasion convinced me that fear can be a stimulus to exceptional and well directed activity of mind and body.

Yours, etc.,
87, Harley Street, W.1. C. P. SYMONDS.

Passim

From Dr. David Stafford-Clark

SIR,—*Passim*, like other less illustrious editorials, revels in dogmatic provocation. A few weeks ago small shopkeepers came under the lash, and were only rescued by the stout championship of Dr. Brewin. Now it would seem to be the turn of flashing beacons, winking indicator lights on cars, and indeed bright or coloured lights in general, to be swept away; possibly, *Passim* suggests, by 1956. What a tendentious, impertinent, and preposterous proposal.

Let us by all means express our opinions and even ventilate our prejudices; but to suggest that these various and cheerful illuminations constitute either a physiological dilemma or a highway nuisance is, with respect, pretentious balderdash. Some years ago, just after the war, certain killjoys wished to abolish the gay red white and blue borders to airmail stationery. We were solemnly informed that these were a source of visual fatigue to sorters, and productive of psychological strain.

Arguments of this kind are time honoured examples of that brand of lifemanship known as "blinding with science . . . " and are customarily employed to bolster a bogus case. They cause far more confusion than ever came from twinkling lights or brilliant borders, which many of us welcome as symbols of a return of colour, vitality, and panache, after long years of drab austerity.

Yours, etc.,

D. STAFFORD-CLARK.

Royal College of Nursing.

SIR,—The South Eastern Metropolitan Branch of the Royal College of Nursing has "adopted" a displaced persons camp in Austria. Over a thousand people live in the camp, including three hundred children. The School of Nursing, Guy's Hospital is acting as a receiving and despatching depot for parcels. May we through your columns appeal for gifts of good second hand clothing (particularly baby clothes), bedding and even money! The money will be used for postage and the purchase of drugs and medical supplies which are also needed. We should be very grateful for any help.

Yours, etc.,

M. G. STOCKDALE } *Sister Tutors*
B. B. WHYTE

School of Nursing,
Guy's Hospital,
London, S.E.1.

All Gifts should be addressed to the School of Nursing, Guy's Hospital and **not** *to the Gazette office.* (Editor.)

Guy's Hospital Cricket Club

SIR,—On looking up records it has been discovered that this is the Centenary year of the Cricket Club.

To celebrate the occasion we have arranged a Dance to be held at the Park Lane Hotel on Friday, 1st July, from 9.0 p.m. to 2.0 a.m. (Double ticket Three Guineas including a 3 course Cold Supper).

On the Saturday, 2nd July, we are going to have a game of cricket at Honor Oak Park between the present XI and an XI of old Guy's players. The support of past and present Guy's men for both these functions is essential if they are to be successful, and we earnestly hope that they will be able both to come to the Dance (with a large party), and support, if not play, in the game.

Tickets and further particulars may be obtained from the Captain, Secretary and Committee members of the Club.

Yours, etc.,

M. WILLIS,
Captain, G.H.C.C.

Guy's Hospital,
London Bridge, S.E.1.

Billy Graham at Wembley

SIR,—May I, through the courtesy of the *Gazette*, enquire if anyone at Guy's is interested in attending the Billy Graham meetings at Wembley during the forthcoming week (14th-21st) as the Christian Union has a limited number of tickets for reserved places? these may be obtained from Douglas Fishlock (Hon. Secretary).

Yours, etc.,

DENNIS C. HUMPHREY,
President,
Guy's Hospital Christian Union.

Guy's Hospital,
London, S.E.1.

Music Club, *Carmen*

SIR,—May I inform your readers that the Music Club will be giving a concert on Thursday, 19th May, 1955, at 7.30 p.m., in the Physiology Theatre. We are giving a concert performance of Bizet's *Carmen* in which the soloists are;

Don José	Alfred Hanett
Carmen	Silvia Beamish
Michaela	Mary Smith
Escamillo	Owen Grundy

The concert is open to all members and friends of the Hospital who may book seats free of charge from the Secretary of the Music Club. We hope to have their support for what looks like being a most entertaining evening.

Yours etc.,
J-P. VOOS,
Secretary of the Music Club.

Guy's Hospital, S.E.1.

The Rugby Club—A Feminine Bouquet

SIR,—In response to the most unjustified letter in your last edition: I should like to congratulate the Rugby Club on the excellent "end of season" dance at H.O.P.

To the frustrated "supporters", may I say, if their support of the game is loyal they will not be put off cheering Guy's to victory next winter !

Yours, etc.,
A GUY'S SUPPORTER.

Guy's Hospital, S.E.1.

We regret that owing to shortage of space, some correspondence and sporting results must be held over until our next issue.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND MEDICAL SCHOOL

Applications are invited for the following appointments to the Junior Staff of the Hospital and School for the period commencing 1st October, 1955. All appointments are for one year, unless otherwise stated.

Medical Registrars	2
Surgical Registrars (this includes 2 posts under the Exchange Scheme for Senior Registrars, as set out below)*	3
Junior Medical Registrars	3
Registrar in Thoracic Surgical Unit	1
Obstetric and Gynæcological Registrar	1
Registrars in the Ophthalmic Department (P/T)	3
Registrar in the E.N.T. Department	1
Registrars in the Department of Psychological Medicine	3
Chief Assistant in the Child Guidance Clinic	1
Registrars in the Dermatological Department (W/T)	1
(P/T)	1
Neurological Registrar	1
Chief Assistant in the Department of Anæsthetics	1
Anæsthetic Registrars (W/T)	1
„ „ (P/T)	1
Registrar in the Physiotherapy Department	1
Pædiatric Registrars (one with duties at the Evelina Hospital)	2
Orthopædic Registrars	2
Registrar in Endocrine Department (P/T)	1
Assistant Hæmatologist and Transfusion Officer	1
Registrars in the Department of Diagnostic Radiology	2
Registrars in the Department of Clinical Pathology (one with duties at the Evelina Hospital)	4
Junior Lecturers in the Department of Morbid Anatomy and Histology	3
Gull Student	1
Junior Lecturer in the Bacteriology Department	1
Junior Lecturer in the Department of Chemical Pathology	1
Junior Lecturers in the Anatomy Department (W/T)	4
(P/T)	1
Junior Lecturers in the Physiology Department (P/T)	2
Assistant to the Director of Department of Medicine	1
Senior Assistant (Research) to the Director of Department of Medicine	1
Junior Assistant (Research) to the Director of Department of Surgery	1
Assistant to the Director of the Student Health Service	1

Assistant to the Director of the Department of Obstetrics (P/T) 1

**Exchange Scheme for Senior Registrars in General Surgery.*

Senior Registrar 1—Guy's and Bermondsey and Southwark Group for four years (1st, 2nd and 4th years at Guy's, 3rd year at Bermondsey and Southwark Group).

Senior Registrar 2—Guy's and Bermondsey and Southwark Group for three years (1st and 2nd years at Bermondsey and Southwark Group, 3rd year at Guy's).

Forms of application are obtainable from the Superintendent's Office and the Medical School Office and should be lodged in one of these Offices **not later than 23rd May, 1955.**

GUY'S HOSPITAL

Applications are invited for the appointment of **Chief Assistant to the Ear, Nose and Throat Department** (Senior Registrar Grade), duties to commence as soon as possible, until 30th September, 1956. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, **not later than 26th May, 1955.**

Applications are invited for a full-time Research Fellowship in the Thoracic Surgical Unit for research on Cardiovascular problems. It is desirable that applicants should possess a higher qualification in Surgery. Salary within the range £850 to £1,100 per annum according to the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London, Bridge, S.E.1.

GUY'S HOSPITAL DENTAL DEPARTMENT

Applications are invited from **TWO Dental Surgeons** to undertake primarily the dental treatment of the Nursing Staff of Guy's Hospital. Each appointment will be for 5½ sessions per week. The appointments will be made for one year in the first instance with the possibility of renewal for a longer period. The posts will be superannuated and each will carry a salary of £625 per annum. The officers appointed will be required to have their names included in the list of Dental Practitioners of the local Executive Council. They will claim fees from the Executive Council for work done and if such fees exceed the cost of providing the service the excess fees will be distributed between the officers concerned.

Full particulars of the appointment may be obtained from the **Superintendent's Office**, where applications must be lodged before **Wednesday, 18th May, 1955.**

It is hoped to start the service as soon as possible but at the latest on 1st October, 1955.

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Locum Part-Time Dental Registrar in the Casualty Department** to attend on 6 sessions per week. Duties to commence as soon as possible for the period ending 30th September, 1955.

Forms of application are obtainable from the Superintendent, Guy's Hospital, S.E.1, to whom applications should be sent **not later than Friday, 20th May, 1955.**

NURSING NEWS

Miss P. Wood-Hill appointed District Midwife, 8.5.55.

Miss F. Rootes appointed S/N *Caleb-Diplock* Wards, 16.5.55.

A/SN J. Hollyer appointed S/N *Nuffield House* on 17.5.55.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

INTERVARSITY CLUB. Midsummer Ball. Festival Hall, 15th July, 1955. George Melachrino. 50*s*. double from 170 King's Road, S.W.3.

For Sale

HAEMOGLOBINOMETER. American Hellige-Sahli Hæmoglobinometer. Complete. New condition. £2. Box No. 103.

MORRIS Car 1934, 10-4 Tourer. 2 seater and "dicky". £45. Box No. 102.

HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. Apply: The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGE OF ADDRESS

V. G. Rice, L.D.S.R.C.S., Woodbourne, Knoll Road, Camberley, Surrey.

BIRTHS

BARR.—On 26th April, 1955, at 25 Park Hill Rise, Croydon, to Margaret, wife of D. Alan Barr, L.D.S.R.C.S., a daughter (Frances Hilary).

CARR.—On 14th April, 1955, at King's Mill Lane, Great Shelford, Cambs., to Ann, wife of Hugh Graham Carr, L.D.S.R.C.S., a daughter (Emma Mary).

FEAVER.—On 17th April, 1955, at Queen Charlotte's Hospital, to Vassi and Roy Feaver a daughter (Susan Melissa).

HUME.—On 5th May, 1955, at St. David's Hospital, Cardiff, to Rosamond (née Hyslop), wife of Michael Hume, M.B., B.S., a daughter (Caroline Morwena).

KENDALL.—On 23rd April, 1955, at Outwood, Surrey to Jill, wife of P. Hume Kendall, M.B., B.S., D.Phys.Med., a son (Julian) a brother for Simon.

LUNTZ.—On 25th April, 1955, at Sorrento Maternity Hospital, Birmingham, to Pamela, wife of George Richard William Neal Luntz, M.R.C.P., a daughter (Verity Anne).

McKIE.—On 30th April, 1955, to Joan, wife of Stewart McKie, L.D.S.R.C.S., a son, a brother for David and Ian.

SCULLY.—On 24th April, 1955, at Farnborough Hospital, to Barbara (née Ford), wife of A. C. R. Scully, a second son (Alban Francis).

TROUNCE.—On 1st May, 1955, to Janet, wife of David Trounce, M.D., a brother for Nicholas and John.

MARRIAGE

RICE—LAWRENCE.—On 2nd April, 1955, Vernon George Rice, L.D.S.R.C.S., to Margaret Jane Lawrence, S.R.N. at St. Johns, Blackheath.

DEATH

COLLINGTON.—On 10th April, 1955, Wheler Anderson Arnott Collington, L.M.S.S.A., of 147 Moseley Avenue, Radford, Coventry, aged 57 years.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1744 *28th May 1955* *One Shilling*

PASSIM

The Ban on Heroin

THE Government's decision to prohibit the manufacture and export of heroin after the end of this year has been received with astonishment and dismay by the great number of medical practitioners whose work brings them daily into contact with patients suffering from chronic cough or progressive and intractable pain. The reasons which prompted this decision are substantial, if somewhat altruistic, and are in accordance with a resolution adopted by the United Nations Economic and Social Council. The purpose of the Government's action, as Lord Mancroft indicated in the House of Lords at the end of last month, was to facilitate the world-wide banning of the traffic in "this extremely dangerous drug."

Heroin is dangerous because its use leads readily to addiction. Addiction brings a collapse of moral and intellectual fibre of whose deplorable consequences we are aware; we are, happily, singularly unfamiliar with them in this country. In some other parts of the world the position is very different. Despite the official ban on heroin in the United States for example, addiction there is still a problem and the export of the drug by other countries, including our own, is, somewhat illogically, considered to be an important factor in maintaining that unhappy state of affairs. Prohibit the manufacture of the drug and exports will take care of themselves—so, it would appear, runs the argument underlying the resolution of the United Nations Economic and Social Council which has now been put into effect in this country.

What seems to have escaped the attention of the Council is that a government ban on the manufacture of heroin does not stop the manufacture of heroin. The great pharmaceutical organizations may cease production 'except for scientific purposes': important looking gentlemen with puzzled faces may push back their chairs from the conference table satisfied that heroin is no longer a world problem: the expected typewritten sheets of instructions as to the disposal of supplies of the drug already in stock will be issued and pinned in prominent places—but while morphine is available, heroin can be produced. Heroin can be produced by private individuals using simple apparatus in the back kitchen. If it is not so produced it soon will be. Those whose determination has already enrolled them into the number of addicts will not be deterred by any such official ban. Who bothers to run an illicit still when intoxicating liquor is made on a commercial scale? But if commercial production is stopped does that sound the knell of the illicit still? The sanctimonious nonsense talked about alcohol in the days of prohibition is likely to be repeated in the case of this astonishing and illogical ban on heroin.

But all this is beside the point. The ban on the use of heroin strikes a damaging blow at those—and their number appears to be increasing—who suffer intractable pain. It is a singular testimonial to the devotion and efficiency of the nursing services that human life may now be maintained in conditions of incurable disease to an extent unknown a century ago. To condemn such life to suffer the protracted torments of pain is contrary to every human instinct. Powerful analgesics must keep pace with nursing care. Among these heroin is supreme. There may, perhaps, be other drugs almost as potent in suppressing the difficult cough, but about 'the perfectly good substitute' of which Lord Mancroft spoke (and he clearly had in mind its value as an analgesic) there is, as yet, surprisingly little information in the medical world. Heroin has been incriminated by name as an 'extremely dangerous drug'. Would it not be fair, logical, not to say humane, to name the 'perfectly good substitute' which must, it seems, soon take its place? Who will be rash enough to tell us what it is called? Time is short. There are seven months left in which to conduct clinical trials. What other substitute drug was ever launched in so cavalier a fashion, unnamed, upon the medical world? Or is its identity to be disclosed in the House of Lords on 31st December, 1955 when 'the devil we know' is withdrawn into obscurity? We must *believe* that this 'substitute' exists. What a monstrous imposition on human credulity! Were a patient's welfare and happiness not at stake the whole thing would be ludicrous.

Against this sombre background Dr. A. H. Douthwaite has consistently denounced both in the medical and lay press the ban which has lately been approved. He speaks with the authority of long clinical experience as Senior Physician and Chairman of the Medical Committee of this Hospital. Moreover as Senior Censor of the Royal College of Physicians his voice is a powerful force in the medical world. In a letter to the *Times* of 21st May, he says,

> 'I would like to reiterate my statement already made in the medical press, that there is no efficient substitute for heroin. The House of Lords debate on this subject gave a different impression, but all practising doctors know only too well the not uncommon serious drawbacks of morphine, and the inadequacy of the particular heroin substitute which is being advocated. If the ban be maintained, countless sufferers from cough or pain will be the worse for political interference in medical treatment. It cannot be emphasized too often that heroin addiction in this country is trivial.'

Every practising doctor can name patients who, from his personal experience, have been greatly relieved by the judicious use of heroin when all other substitutes have failed. Dr. Douthwaite's public condemnation of the Government's action will receive wide and grateful support not only from his medical colleagues but, most important of all, from those 'countless sufferers' whom it is our privilege to be able to attend.

We record with deep regret the death of Dame Lilian Barker, D.B.E., who had a distinguished career in prison administration and social services and who was a co-opted member of the York Clinic Council.

We note with interest that Mr. O. Gayer Morgan, Consultant Ophthalmic Surgeon *Emeritus*, has accepted an invitation of the School Council and Medical Committee to preside as Chairman of the Biennial Dinner to be held in the Grand Hall, Connaught Rooms on Friday, 5th October, 1956. Mr. N. L. Eckhoff has taken over the duties of Honorary Secretary from Mr. O. Gayer Morgan who has been responsible for the arrangements since 1946.

We hope that on the next occasion, there will be a record number and that many more of the Guy's men who qualified during and since the war will attend. Also, now that two ladies have taken the lead the organizers hope that many more will follow suit.

We congratulate Mr. C. E. Engel of the Department of Medical Illustration upon the award of the prize for the best foreign entry at the annual competition held by the *Presse Médicale*. The film for which Mr. Engel won his award was *Mitral valvotomy for mitral stenosis* which was made in conjunction with Sir Russell Brock.

Some of our readers may perhaps remember that in our issue of 30th April, 1955, we made what we thought to be a most moderate plea for the review of the coloured-light dilemma that faces modern motorists. We were therefore interested to read Dr. David Stafford-Clark's trenchant communication in our last issue when, rather to our surprise, he charged us with being "tendentious, impertinent and preposterous."

We feel that perhaps we cannot be discussing the road situation from quite the same viewpoint as Dr. Stafford-Clark, who lightheartedly regards flashing indicators, Belisha beacons and traffic lights as being "symbols of a return of colour, vitality, and panache, after long years of drab austerity". We must admit that we never thought of this undoubtedly valuable function for these devices. In our "dogmatic and provocative" way we had some notion that they were connected (if only remotely) with road safety.

Accordingly, we were pleased to see in the *Sunday Times* of the 15th May, a comment by their Motoring Correspondent who re-echoed some of our words and who, too, made an appeal for the rectification of our present confusion. Perhaps we may quote from his column:

> There are too many occulting lights on the roads today. Belisha beacons wink wanly at zebra crossings; red rear lights on some cars blossom intermittently into rosy glows as the brake pedal is operated, and it is far from easy, through a wet windscreen on a rainy night, for a motorist to appreciate precisely what message is being sent to him by other drivers.
>
> New cars have winking lights on their dashboards, too, to indicate that the direction indicators are working properly. All this flickering against a street full of variegated advertising signs provides a confusion that confounds any but the most alert and responsive minds.

This then was what we meant by our original comment in *Passim*. We would like to emphasize that we do not intend to practice any brand of "lifemanship" and we cannot be persuaded that the case that we argued was as bogus as Dr. Stafford-Clark would have us believe. Twinkling lights and brilliant borders may well be welcome symbols of relief from austerity but, surely, they have places more proper than our roads.

We have just received from Dr. Jack Crawford an interesting photographic reproduction of one of the boards in the Externs' Rooms, to which he contributed, but which was lost at the time of the blitz. The framed copy now hangs amid its grotesque companions in that remarkable place. Dr. Crawford tells us that he noted during his time on extern the initials of his uncle, V. J. Crawford, in one corner of the original dado. This must have been one of the first carvings in that room, since the date was about the turn of the century. V. J. C. had a younger brother, H. G. C., who was a contemporary of Mr. Slesinger and Mr. Frank Cook. A set of Hanslip Fletcher's etchings of 1911 belonging to H. G. C. are now in the Wills Library. The Scouting Movement owes much to H. G. Crawford's enthusiasm. He was awarded the Silver Wolf in recognition of his services, though he died in Nuffield House the day before it was announced.

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Retention of Urine.*
2nd	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Swellings in the Scrotum.*
		5.00	X-ray Meeting. Gordon Museum.
3rd	F	1.00	Dr. Victor E. Pollak (Dept. of Medicine, University of Illinois). Clinical Lecture. *The Clinical Value of Renal Biopsy.*
		2.15	Clinico-Pathological Meeting. Gordon Museum.
6th	M	1.00	Dr. M. J. McArdle. Clinical Lecture.
9th	Th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration. X-ray Meeting. Gordon Museum.
10th	F	1.00	Mr. R. H. F. Brain. Clinical Lecture.
		2.15	Combined Round. Pre-clinical Classroom.
11th	S	10.00	Surgical Departmental Round. Mr. L. P. Le Quesne (Middlesex Hospital). Clinical Theatre.

NOTICES

THE 1955 EXHIBITION OF PAINTINGS AND PHOTOGRAPHS
GORDON MUSEUM

The following Film programme has been arranged for the exhibition period. The films will be shown in the Gordon Museum at 1.10 p.m.

June 8th	Living Silver. Franklin Watkins.
June 10th	Selection of Colour Transparencies.
June 13th	National Gallery of Art. Uncommon Clay. The Gift of Ts'ai Lun.
June 15th	Fingal's Cave. Hymn of the Nations.
June 17th	Selection of Colour Transparencies.

PUPILS' PHYSICAL SOCIETY

The next meeting of the Pupils' Physical Society will take place on Thursday, 2nd June, 1955, at 5 p.m. The emphasis of the meeting will be on cardiovascular surgery. Cases will be available for examination and discussion, and Mr. Ross has kindly consented to give a talk, accompanied by a film, on "Hypothermia". Notices concerning further arrangements will be found on the various Hospital and School notice boards.

HELP FROM DIGITALIS

A Clinical Lecture given at Guy's Hospital on 28th January, 1955

By CHARLES BAKER, O.B.E., M.D., F.R.C.P.

LADIES AND GENTLEMEN—Despite the undoubted advances made in the medical treatment of heart disease, digitalis—and I include its derivatives—is still our most potent ally if used wisely. The part played by the kidney in the manifestations of heart failure, the harmful effect of retention of sodium, and the improvement resulting from mercurial diuretics have perhaps turned our attention a little away from the valuable help we can get from digitalis alone. There is little doubt that alterations in the electrolytes in heart failure, particularly induced by use of the mercurial diuretics, require a more careful use of digitalis and the neglect of this, as well as the too ready use of rapidly acting preparations, has increased the ever present risk of digitalis intoxication, for as the heart fails the margin between the therapeutic and toxic dose lessens. It is still not too old-fashioned to consider that the heart is an important factor in heart failure, and we know very definitely that digitalis acts on the failing heart. I feel, therefore, it is right and proper to consider the help we can still expect from digitalis, if we use it with knowledge and respect.

William Withering and the Foxglove.

When Withering in 1785 reported the dramatic effect of the foxglove in treating the dropsy, he did not miss any important clinical point. He noted that the diuresis which resulted relieved not only the dependant œdema in the systemic circulation, but also embarrassed breathing and orthopnœa; that it was not necessary to press the drug to the level of intoxication with purging and vomiting, to get this effect; that the heart and pulse were stronger after its use, and that high dosage would cause marked slowing of the pulse; and that those with irregular pulses, which we would now call atrial fibrillation, got a very dramatic result. We now know that the diuretic effect of the foxglove, observed by Withering, is due primarily to its effect in relieving heart failure and improving the circulation through the kidney, though recent work suggests that there may well be a direct diuretic action on the kidney as well. All in all then, Withering was remarkably right. In the opening sentences of *An Account of the Introduction of Foxglove into Modern Practice*, he says:—

> "Their virtues (*plants*) must, therefore, be learnt, either from observing their effects upon insects and quadrupeds; from analogy deduced from the already known powers of some of their congera, or from the empirical usages and experience of the populace. The first method has not yet been much attended to; and the second can only be perfected in proportion as we approach towards the discovery of a truly natural system; but the last, as far as it extends, lies within the reach of everyone who is open to information, regardless of the source from whence it springs".

Thus, he recognized the advances in knowledge that would come from animal, pharmacological, and clinical research. All these three have contributed to our knowledge of digitalis but I want to stress his third method of "empirical usage and experience" which "lies within the reach of everyone who is open to information." With all the increase in knowledge of the action of digitalis, its therapeutic use, and particularly the dosage, is still empirical for each individual patient. In fact, whenever we start digitalis therapy for any patient we are engaging in a piece of clinical research.

ACTION OF DIGITALIS.

How in fact does digitalis work? In a clinical lecture one must be practical and I hope we will achieve this by considering three main effects of digitalis on the heart which determine its use—and abuse: a stimulating effect on the failing heart muscle; a slowing effect on the conduction of the heart beat; and a tendency to irritate the myocardium with the production of ectopic beats and rhythms. Let us take these in order.

On the Heart Muscle.

When I was a student the current teaching was that digitalis had no effect on heart failure in normal rhythm, but was only effective in those who were fibrillating; in essence that digitalis had no direct effect on heart muscle but merely improved its efficiency by slowing the ventricular rate in fibrillation and allowing more time for recovery between the contractions. This was a reasonable theory, backed by the great authority of Sir Thomas Lewis, but it was only a theory, and I am sure that many wise practitioners still continued to give digitalis in heart failure in normal rhythm because they had the opportunity and interest to observe its good results. They were, of course, right. We now have ample evidence that digitalis has a beneficial action on failing heart muscle and in fact this is its most important therapeutic effect. It has also been convincingly shown that digitalis will increase the cardiac output and increase the efficiency of ventricular systole, independent of its effect on the rate of contraction and the length of diastole.

We have learnt much about the mechanics of heart failure in the last few years, but as Dr. Holling recently told you, we are largely ignorant of why and how the heart muscle cells eventually fail in efficiency, which must surely be the essence of heart failure. As he pointed out, research is at last focused on this and we hope it will be as fruitful of knowledge as it has been in the diseases of voluntary muscle. Already it has indicated that the beneficial effect of digitalis is on the metabolism of the heart cells, for it enables them to do more work with less oxygen consumption, and that this is closely linked with the potassium ions, an important practical point.

On Conduction.

The most important effect of digitalis on conduction is to slow the impulse through the atrio-ventricular node, and this is used to control atrial fibrillation. It in fact causes a degree of heart block which protects the ventricles from the bombardment of atrial contractions—400 to 600 a minute—thus allowing a less frequent and more regular response with longer pauses between contraction for rest and refreshment. Hence the diminution and eventual absence of the deficit between apex beat and pulse as the patient with atrial fibrillation comes under the digitalis effect, until in the well digitalized patient the beats are at normal rate and well spaced, and the pulse difficult to distinguish from sinus rhythm. The heart has, in fact, overcome the lack of efficiency by the effect of digitalis in producing heart block. This often dramatic result is of frequent use, for atrial fibrillation is a common result of heart disease, and if the heart disease cannot be radically altered, this serious defect can at least be controlled.

The blocking effect of digitalis is also valuable when converting atrial fibrillation to sinus rhythm with quinidine. As the atrial contractions of over 400 a minute slow with quinidine, they become more regular—in fact the fibrillation changes to flutter, for there is no essential difference—there is a danger that at a rate of about 200 the atrio-ventricular node will transmit them, producing ventricular tachycardia; digitalis block at the atrio-ventricular prevents this dangerous event. This is also the reason why it is not safe to treat flutter with quinidine; digitalis is given first which actually increases the atrial rate, to produce atrial fibrillation, while protecting the ventricles by its blocking action. If sufficient digitalis can be given without toxic effect, the sinus node may resume normal rhythm spontaneously or after the drug is temporarily stopped; if it does not so revert, it is then safer to try the effect of quinidine while the ventricles are still blocked, and safest of all to leave the patient with a controlled fibrillation. Digitalis is also very useful in treatment of paroxysmal atrial tachycardia either prophylactically or in attacks, a very practical use in this common condition which is not sufficiently recognised.

Irritation of heart muscle.

The third important effect of digitalis, its irritant effect, is secondary to its action on slowing conduction through normal pathways, so that ectopic foci produce abnormal impulses, particularly in the ventricles. These are dealt with later, as they occur with digitalis intoxication.

WHEN TO USE DIGITALIS.

In Failure.

The paramount indication for digitalis is the presence of heart failure, and it should be used as soon as there is clear evidence of heart failure. The effect of digitalis is to shorten the time and increase the force and efficiency of systole; the stretched muscle fibres shorten, the dilated heart chambers are better emptied, and therefore the heart size diminishes. The effect on the circulation is to increase the cardiac output, thereby increasing the filtration through the kidney with consequent diuresis, and to lessen the circulation time. With this improvement, there is a fall in the increased pressure in the vessels behind the failing ventricles; thus, the pulmonary congestion behind the failing left ventricle is diminished with relief of dyspnœa and orthopnœa, and the venous engorgement behind the right ventricle is diminished with relief of liver congestion and œdema. The ventricular rate slows even in those in sinus rhythm; the vagus-like effect of digitalis is in part responsible for this, but the improvement is mostly due to the improvement in compensation, for digitalis is ineffective in slowing the rapid regular rate of fever, thyrotoxicosis, and anxiety when there is no heart failure. The slowing of the rate is more striking in atrial fibrillation owing to the blocking effect of digitalis, and it is easy to see why it was once thought that digitalis was only of help in such cases. It must, however, be emphasised that there are beneficial effects on the circulation independent of the rate and rhythm, for it has been shown that the dynamic improvements mentioned before can be observed before the ventricular rate has significantly dropped.

Not all forms of heart failure respond equally well to digitalis. It is in heart failure with a low cardiac output, particularly when the muscle has failed from hypertensive and coronary artery disease, that the best results are seen. When there are mechanical factors and the heart is squeezed by constrictive pericarditis without, or embarrassed by obstruction by stenosis of the valves within, digitalis is less effective, apart from the control of any atrial fibrillation; mechanical relief by surgery is then needed. It is of less value in heart failure associated with a high output as in emphysema, in anæmia, in thyrotoxicosis, in arterio-venous fistulas, and in Paget's Disease. Digitalis used to be given to strengthen the heart in toxæmias and in general illnesses, but there is no indication for it unless there is associated heart failure; even in rheumatic carditis it is not helpful unless heart failure is present.

Most cases of heart failure we see are of the low output type and so, if heart failure is present, it is seldom right to withold digitalis unless there is some definite disadvantage or danger in its use. It is, of course, unwise to rely on its help alone, as in the sudden heart failure induced in chronic chest sufferers by infection or bronchial spasm; antibiotics, antispasmodics, and oxygen deal with the primary cause, and so relieve the heart failure better than digitalis.

Digitalis is often used too late in heart failure. The earliest sign of the common type of heart failure—left sided failure—is dyspnœa, but some patients have to wait until right sided failure with pitting oedema ensues, before they are granted its help. In the early stages there may be little evidence of diminished cardiac output and backward failure at rest, but the patients' symptoms tell us that these occur when they move, which is what most patients want to do. Furthermore a few ounces of oedema fluid in the lungs is more of a handicap to a patient than a pint of oedema fluid in the legs. It is the earliest evidence of myocardial failure we must look for if we are to give our patients the longest benefit from digitalis. In addition, as this benefit is given to the heart itself, there is no need to seek other aids while this proves sufficient.

In the Arrhythmias.

Digitalis is indicated for controlling atrial fibrillation in those patients where it is not expedient to try reversion to sinus rhythm with quinidine; it is indicated to control the ventricular rate when quinidine reversion is attempted. It is useful in paroxysmal fibrillation or flutter, for not only may it cut down the incidence of attacks, but they are less troublesome when they occur. It is not sufficiently realized that digitalis is often more satisfactory in lessening or abolishing attacks of paroxysmal atrial tachycardia than quinidine. Its use in treating atrial flutter has also been mentioned above.

HOW TO USE DIGITALIS.

The preparations of digitalis are derived from the leaves of two varieties of the foxglove, *Digitalis purpvrea* and *Digitalis lanata*. The long established digitalis folia comes from the purple variety, is standardized and reliable; it can only be given by mouth, but has the practical advantage that the patient can distinguish by its colour his "heart pill" from the often large assortment of "little white pills".

The pure glycosides are derived from *Digitalis lanata*, are more potent, quicker acting, and can be given for quickest action by the vein. In addition the allied drug strophanthus, though unreliable by mouth, also yields glycosides which have a rapid action, and ouabain is occasionally used in preference to a digitalis derivative for this reason. The number of preparations on the market are confusing and recommendations of the manufacturers are a temptation to flit from one to the other seeking the ideal remedy. It is best to become familiar with one preparation by mouth and one for quick action that can be injected and stick to them. Dig. fol. is reliable as the oral drug, but is being superseded by digoxin, which is quicker in action and excretion, and can also be given by the vein. Digitoxin is popular in America and on the Continent as Nativelle's digitaline. The tincture of digitalis does not keep and is not so practical for the patient as the solid preparations. It is useful to know the equivalent doses of the most used preparations particularly when taking over a patient already on digitalis:—

Equivalents

Dig. Fol.	*1 gr.*
Tinct. Dig.	*10 minims*
Digoxin	*0.25 mgm.*
Digitoxin	*0.075 mgm.*
Nativelle (Pink)	*1/600 gr.*

It is, however, important to realize that when digitalizing quickly, lower doses are needed with the rapidly acting preparations; thus, although one could give as much as 15 grains of dig. fol. in 24 hours, it would be too much to give the equivalent dose of digoxin, i.e., 3.75 mgm. by mouth in the same time, and by injection the dose would be even less. Rapid digitalization by digoxin would be achieved by 1 mgm. by injection, or 1.5 mgm. by mouth, followed in six hours by 1 mgm. by mouth (or 0.5 mgm. by injection), and then a further 0.5 mgm. by mouth at a further six hours.

It should be understood that the action of the various preparations does not differ and that there is no safe preparation. All can produce intoxication, the margin between therapeutic and toxic dose is not different, and they only differ in the speed with which they are absorbed, act, and are excreted. There is little doubt that the use of the potent and quick acting glycoside has increased the incidence of digitalis intoxication. Unless there is any real hurry, it is safer, therefore, to go slow, and the safest route is by mouth. One must remember also that changing to a new preparation does not mean that the old preparation is not active, for they all act alike, and the dose must be adjusted accordingly.

There is no standard dose of any digitalis preparation, and the calculation of dosage by weight, which was once popular, has rightly been abandoned. The correct dose is extremely individual for each patient and the maintenance dose will vary from 1 mgm. of digoxin a day to 0.25 mgm. on alternate days. The correct dose is the smallest amount which will produce the desired effect, or if this cannot be achieved, the largest amount which can be tolerated without symptoms and signs of digitalis intoxication. Only trial and observation in each individual patient can determine that.

Every patient on digitalis should know what his dosage is, and what are the symptoms of overdose. If the maintenance dose then proves too much he should be instructed to stop the drug until the symptoms go, and then resume on a smaller dosage, and in all cases of doubt to ask for guidance. Many patients stop the drug altogether because of symptoms of overdose, or because they are relieved of their symptoms of disease, and think they no longer need it. The simple patients need to be told these simple facts and still need watching, but intelligent patients are able to regulate their dose themselves by a knowledge of the symptoms of both lack and excess of digitalis.

DIGITALIS INTOXICATION.

Any drug which does good can do harm. The margin between the amount of digitalis which gives the most benefit and the amount which poisons is small, and this margin decreases as heart disease advances. The symptoms and signs of digitalis overdosage or intoxication must always be in mind and thought, particularly in those most ill.

Symptoms.

The commonest symptom is anorexia, and it is important to recognize this before it progresses to nausea and vomiting, or diarrhœa; once the patient vomits, digitalis intoxication may be further advanced owing to the consequent alteration in the body electrolytes. Headache and irritability are early symptoms and it is important to recognize that digitalis can cause serious disturbance of the nervous system with confusion, mania and coma. Mistiness of vision should be recognized before other manifestations such as diplopia, coloured vision, inability to focus, or scotomata make digitalis intoxication obvious. The development of extra systoles may be noted by sensitive patients but the detection of this sign should be the doctor's responsibility.

Signs.

The signs of intoxication are due to the third main effect of digitalis, the capacity to irritate the heart muscle with the production of ectopic beats and rhythms. The tendency of digitalis to isolate the ventricle by producing some degree of heart block makes the ventricle peculiarly sensitive and ventricular extra systoles are the commonest sign of digitalis intoxication. A few isolated extra beats are often noticed without other evidence of digitalis overdosage and can be ignored, but frequent extra systoles and particularly the regular appearance of extra beats, digitalis coupling, should not be disregarded. It is, of course, easier to detect extra systoles when there is normal rhythm because of the compensatory pause, the next normal beat being missed owing to the ventricle being refractory. In atrial fibrillation the detection is more difficult as the ventricular rate is already uneven, but the development of irregularity in a heart already slowed by digitalis is usually good evidence that extra systoles are present. Short bouts or runs of extra systoles are important as they are the heralds of ventricular tachycardia; they can easily be detected when the rhythm is normal, but may need the electrocardiograph when there is fibrillation. This machine is also useful in detecting extra systoles of different patterns which mean that they arise from more than one focus, and these *multi-focal* extra systoles are signs of serious intoxication.

Production of Arrhythmias.

An increasing tendency to ectopic ventricular beats means that the ventricle is becoming increasingly irritable and cut off from the normal route of conduction from above through the atrio-ventricular node. The irritable and poisoned ventricle may then take over completely with the independent rhythm of ventricular tachycardia. This is a serious complication as the rapid rate gives no adequate diastolic pause for recovery, the damaged muscle suffers further, and unless the arrhythmia is stopped, ventricular fibrillation may follow with a fatal result.

The detection of increasing heart block is thus best seen clinically by observing the effect on the ventricular rate, but warning may be given by the electrocardiograph. This is also needed for the diagnosis of other arrhythmias, particularly when they develop in the heart which has been previously fibrillating. One cannot and must not rely on this machine for detecting digitalis intoxication and it is not necessary, provided we remember that it should be strongly suspected if any sudden change of rhythm or rate occurs in a patient who is already digitalized. Often this is considered to be an indication for more digitalis and it is unwise to give this without electrocardiographic control. Although ventricular arrhythmias are the commonest, digitalis intoxication can produce every known form of cardiac arrhythmia, with the possible exception of bundle branch block.

The Electrocardiograph.

Digitalis shows characteristic changes in the electrocardiograph with lengthening of the time between the atrial and ventricular electrical disturbance—the PR interval, and shortening of the QT interval; minor changes do not indicate overdosage. The most common manifestation is a characteristic late depression of the ST curve and this is best seen in the chest leads over the ventricle which is taking the greater strain. This change is not a sign of digitalis poisoning. It may develop a few hours after digitalis is given and last for as long as three weeks after digitalis is withdrawn. This raises a very practical point. If we need help from the electrocardiograph in diagnosis, particularly the detection of coronary artery disease, the minor changes may be masked by digitalis, or may be misinterpreted if it is not realized that digitalis has been given. It is, therefore, sometimes politic to withhold digitalis until the electrical tracing has been taken, and one should always say whether a patient is or has recently been on digitalis therapy when asking for a cardiac opinion.

Potassium Depletion.

Digitalis intoxication has become more common as the result of the treatment of heart failure by sodium depletion by means of diet, exchange resins, and particularly the mercurial diuretics. There is very good evidence that this is due to consequent loss of potassium from the body as well as the sodium. We know that potassium is necessary for efficient contraction of heart muscle and it seems that the good effect of digitalis is dependant on and complimentary to the action of this electrolyte in transforming the metabolism of the heart cells into energy. There is adequate evidence in animals and man that potassium lack causes digitalis intoxication and that digitalis intoxication is prevented and relieved by potassium administration.

The mercurial diuretics act as diuretics by virtue of their elimination of sodium, but potassium is also lost from the body, and this potassium loss is increased by giving large doses of ammonium chloride. The effects on the body and the heart cells in particular, will be greater if potassium depletion is already present, as it often is in heart failure, or if the absorption of potassium from the gut is impaired by vomiting, diarrhœa, or the exchange resins. It is not infrequent to find that there is evidence of digitalis intoxication just after a mercurial diuresis, with anorexia, nausea, or cardiac signs, as well as the general tiredness and muscular fatigue which are seen in potassium depletion. If this is neglected, persistence of the mercurial diuretics with the same digitalis dosage will have serious effects on the heart, and if these are not recognised as evidence of digitalis poisoning, the digitalis dosage may actually be increased. There is no doubt that this excessive treatment of cardiac failure has caused cardiac deaths.

A patient I saw only four days ago illustrates this production of digitalis intoxication. A patient in chronic congestive failure, with atrial fibrillation, from hypertension, had been long in hospital. Mercurial diuretics having failed in their initial effect, she had been treated for some time with postural drainage of œdema fluid from her dependant legs, and her usual digitalis dosage. It was decided to try the effect of katonium resin, but while she was on this treatment she was given a mercurial diuretic as well. This produced a gratifying diuresis of several pints,

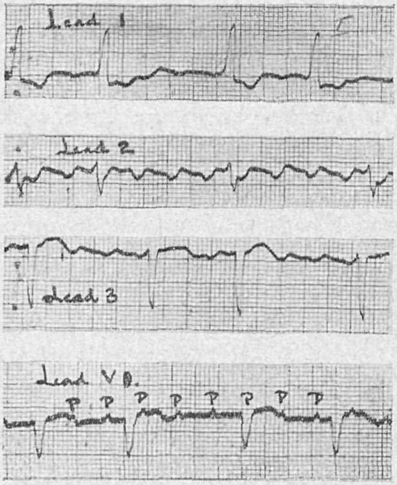


Fig. 1. *Electrocardiograph of patient with digitalis intoxication showing atrial tachycardia with block. The ventricular rate is variable and could not be distinguished from atrial fibrillation clinically. The typical ST depression of digitalis is seen in Lead* 1, *and P waves at the rate of* 215 *a minute in Lead V*1.

which often occurs after a rest from the drug, when it has been rightly withdrawn because it no longer worked. The patient, however, collapsed, complained of palpitation, and her pulse was noted to be markedly irregular. Further digitalis was considered, particularly as her dosage before had not been high. Fortunately, before this was given an electrocardiograph was taken (Fig. 1), which shows that her fibrillation had changed to atrial tachycardia with changing block, a type which has been described by Lown and Levine in potassium lack and digitalis intoxication. There is no sure way of distinguishing this clinically from atrial fibrillation without an electrocardiograph, but this case illustrates the clinical point that digitalis poisoning should be suspected when any change in rate or rhythm occurs in a patient on digitalis. In this case the poisoning was undoubtedly due to sudden potassium loss by the combination of an exchange resin with a large diuresis from a mercurial diuretic. Combined therapy such as this is dangerous and one should be particularly on guard for digitalis intoxication where any treatment designed to alter the electrolyte balance is given.

One must not expect too much of digitalis. There comes a time when heart failure is beyond its help. It must not then be concluded that a rising heart rate is due to inadequate dosage, particularly as the margin between therapeutic and toxic dose lessens as failure increases, for further digitalis may be dangerous or fatal. Emotional tachycardia, which can occur in fibrillation as well as sinus rhythm, may also be mistaken for inadequate digitalis therapy. I am always careful when I see a patient at a first visit to hospital with a very rapid rate, not to advise the doctor to increase the digitalis dose on this ground alone; a suggestion to raise it if *he* continues to find the same rapid rate is safer, for the patient is more composed with his doctor, and has not had the excitement of the journey to hospital, or the strange sights that may be seen there.

The diagnosis of digitalis intoxication may be difficult. Symptoms may not only be from other causes, but the same symptoms, particularly nausea, may indicate too little or too much of the drug. A few extra systoles do not of necessity indicate overdose, and even coupled beats are seen without digitalis therapy at all. The conclusion may have to be reached by trial and error with a changing dose, and in most cases there is the time and margin of safety available. In those most ill, this margin is absent and even with constant observation and the use of an electrocardiograph, we may still be in doubt. I have no experience of the digitalis tolerance test described by Lown and Levine where they observe the ECG changes produced by a rapidly acting and rapidly excreted cardiac glycoside, acetyl strophanthin; it seems practical, and their reports show that it has helped them in these difficult decisions, particularly after operations on the heart.

Treatment of Intoxication.

The first step is to stop digitalis. If intoxication is detected early, as it generally should be, and if the patient's condition is good, this is all that is needed. When the symptoms and signs have gone, digitalis is then restarted at a lower dosage. If the patient's condition is not satisfactory, or if any arrhythmia has developed, potassium should be given, and the best and safest route is by mouth. A gramme of potassium chloride by mouth followed by half a gramme at three to six hourly intervals is adequate for the milder cases and well tolerated, but in severe cases or in digitalis arrhythmias, it is worth trying to give more by the alimentary tract. If, however, there is no change in the arrhythmia or the patient's condition deteriorates, more drastic steps are needed. Potassium intravenously is a dangerous method without electrocardiographic control, but 1.6 G. in 500 c.c. of 5% glucose given in 1 hour is not likely to produce potassium poisoning of the heart if no machine is available. Procaine amide (Pronestyl) is the best drug to use to supplement potassium therapy, particularly with arrhythmias, of which ventricular tachycardia is the most common. It can be given by mouth in doses of 0.25 to 0.5 G. t.d.s. or if there is urgency, by the vein, slowly at the rate of 50 mg. every 2 minutes up to a dose of 1 G., stopping if there is a fall in the blood pressure.

CONTRAINDICATIONS TO DIGITALIS.

It has been said that the *only* contraindication to digitalis is the absence of heart disease. This is too strong a statement, for though it emphasises the fact that digitalis is too often withheld unnecessarily, yet digitalis is occasionally contraindicated in heart disease. As it causes heart block, it is clearly unwise to use it where heart block is already present, as it may cause ventricular tachycardia with the danger of fatal ventricular fibrillation; for the same reason it should not be used to treat paroxysmal ventricular tachycardia. In coronary thrombosis digitalis should not be prescribed without good reason, for it increases rather than diminishes clotting, and a more important point is that patients in any case do die from ventricular tachycardia and fibrillation in this condition. If good reason is present such as unrelieved congestive failure or atrial fibrillation, it should, of course, be used with caution. There is also no point in using it in every case of heart disease if there is no evidence of decompensation or early failure; it should be kept in reserve.

One would have no objection in agreeing that the *major* contraindication is the absence of heart disease. It should not be given for symptoms such as palpitation, breathlessness, tachycardia, when these symptoms are due to non-cardiac conditions or nervousness. Digitalis is of no value in lowering the rate in sinus tachycardia unless there is some evidence of decompensation, and to give it for nervousness may well induce cardiac neurosis. There is, in fact, evidence that digitalis is harmful to the normal heart, measurements showing that it impairs its efficiency as a pump, in reverse to its effect when the heart is failing.

SUMMARY.

I have attempted to give a testimonial to the value of this old and trusted servant, Foxglove. You have to get to know him, and the way he works. He is indefatigable and efficient in his daily duties, but he dislikes doing other people's work, or odd jobs. If he is given too much to do, he gives notice, and if this warning is disregarded, he breaks things. If you go in for modern labour-saving devices, or get outside help, he is apt to turn sour and needs watching. He has an excellent presence which commands respect, but equally he demands respect. I think you will find that he will continue to give good service.

AN INTRODUCTION TO GENERAL PRACTICE (IV)

by NIGEL G. NICHOLSON, M.B., B.S.

REGULATIONS IN GENERAL PRACTICE

WHEN the National Health Service came into being, it was based on the Lloyd George National Health Insurance, but it included all the other medical services in the country. The benefit of the general practitioner service was extended to cover the whole family, whereas previously only the wage earner was provided for.

In this article I propose to deal with the more important regulations as they apply to General Practice under the N.H.S. It is intended to advise a practitioner contemplating general practice as an assistant for the first time, but does not cover his medico-legal responsibilities, which are part of his curriculum before qualification.

1. Central Administration

This is vested in the hands of the Minister of Health, who is advised by the Central Health Services Council. Under the Minister come the various authorities which administer the individual services :—

(*a*) The Regional Hospital Boards which govern the hospital services.

(*b*) The local Health Services for each county or large town which govern the Medical Officers of Health and Welfare Clinics.

(*c*) The Executive Councils for each county or large town which govern the Dental, Pharmaceutical and General Practice Services in their locality. The Executive Councils are advised by the following bodies—the local Dental, Pharmaceutical and Medical Committees respectively.

2. The Executive Council

This body administers all the general practitioners who have contracted into the National Health Service in its area. The general practitioner will have very little dealings with the Council itself, but the Clerk to the Council is responsible for all the day to day administrative detail. He advises on matters of regulation and usually says what can and what cannot be done without referring to the Council. Dealings with him should always be friendly, especially as he may be a very useful help in time of trouble. All correspondence to the Executive Council is addressed to "The Clerk", but where an enquiry is made on the telephone usually one of his subordinates can give all the information that is required.

The best way to consider the position of a general practitioner in relation to the Executive Council is that of a "contractor". The general practitioner undertakes to look after all the patients he accepts on to his list, and is paid by the Council on a capitation basis. The Executive Council also circulates general practitioners regarding new regulations and amendments as they occur. The Executive Council deals with the following routine matters concerning doctors :—

i. *Permission to practice* in the area under the National Health Service.

ii. *Additions to Doctor's List.*

At the end of each week every doctor sends off all the fresh registrations he has received. The Executive Council always stresses the importance of dealing with the matter every week in order to maintain a steady flow of work. In due course the doctor is sent a Medical Record envelope (E.C. 5 and 6) in respect of each patient when it has been recovered from the previous doctor.

iii. *Pay.*

Every doctor receives his remuneration at the end of each quarter from his Executive Council. It is based on the number of people on his list at the beginning of the quarter.

iv. *Subtraction from a Doctor's List.*

At the end of each week a doctor receives a form E.C. 22 E. bearing the names of all the patients that have been removed from his list, who have either moved to another district, changed to another doctor in the same district, died, emigrated or enlisted. The Medical Record envelope (form E.C. 5 & 6) for each of these patients must be returned to the Executive Council.

v. *Assistants.*

Permission to employ an assistant for more than three months must be obtained from the Executive Council.

vi. *Obstetric List.*

The Executive Council keep a list of practitioners specially experienced in Obstetrics, who wish to provide Maternity Services, and application is made to the Executive Council for inclusion on that list.

vii. *Complaints.*

The Executive Council also deals with complaints against a doctor by any of his patients where it is considered there has been a neglect of duty. If the Council considers there is a *prima facie* case it is referred to the Tribunal—see Section 42 of the National Health Service Act 1946. The Tribunal has the power to withdraw a doctor's name from either the Dental, Pharmaceutical, Medical or Ophthalmic Lists. It is of interest to note that a patient can complain effectively against a doctor, but the doctor has no redress against any patient. All he can do is to request the patient to find another doctor.

3. A Doctor's obligations under the National Health Service

i. *General.*

A doctor is responsible for providing his own accommodation and a twenty-four hour service for the patients on his list, and he must make arrangements to be covered during any period of absence or off duty, by a partner, assistant, locum or another independent practitioner in the area. This means that the telephone must be manned twenty-four hours a day, or the calls put through by the exchange to another doctor who is covering him. Whenever possible there should always be somebody at the doctor's surgery both night and day to take messages. Failing this there should be a notice indicating where a deputy can be found.

A doctor must treat his patients to the best of his skill either in his consulting room, or if the nature of their disease prevents them attending, in their homes. Although the decision as to whether a patient should be visited at home rests with the doctor, the initial request for a visit comes from the patient or a relative. Unfortunately it is impossible for the practitioner to assess the facts of the individual case in most instances without seeing the patient ; therefore, he is bound to go in the first instance, when asked. If he finds the call completely unnecessary when he gets there, he should say so, but only after he has investigated all the facts, examined the patient, and considered all the circumstances of the case. There is nothing worse than "jumping down a patient's throat" on arrival, and subsequently finding the call to be completely justified.

Very occasionally certain families make a practice of calling a doctor out incessantly at all hours for the most trivial reasons, and it is only in these instances that a doctor is justified in refusing to go if he is sure of his facts. Sometimes patients request a visit late in the evening or in the night which seems quite unjustified. In these instances it is occasionally possible to give advice if one is in possession of sufficient facts to go on, but the patient must in all instances be seen the next day. Failure to apply this rule will sooner or later lead to disaster.

ii. *Emergency Treatment.*

If a doctor is not immediately available to deal with one of his patients in an emergency, and the services of another doctor in the district are obtained, then the other doctor can claim a fee from the Executive Council to cover it. In most districts, however, there is a gentleman's agreement not to claim for emergency treatment, but to treat it on the "knock to knock" basis.

The reason for this decision is that the money paid out for emergency treatment by the Executive Council has first call on its resources available for paying the general practitioner. After these have been met it is calculated how much is available for payment to each doctor per patient, and emergency fees only reduce that amount.

iii. *Vaccinations and Immunizations.*

Before a general practitioner receives any remuneration for vaccinating or immunizing his patients against diphtheria, he must apply to the appropriate County Health Authority. A form must be completed in respect of each patient vaccinated or immunized, and sent off to the area Medical Officer of Health. Payment is made quarterly for each form received.

iv. *Notification of infectious diseases.*

It is a practitioner's duty on arrival in a district to contact the local Medical Officer of Health and obtain from him a book of notification forms. The front of the book bears the names of all the notifiable diseases, and it should be noted that "pneumonia", "measles", and "whooping cough" are among them. Two shillings and sixpence is received in respect of each notification which compensates for the time spent in complying with the regulation.

v. *Keeping Notes.*

A doctor holds a medical registration envelope in respect of every patient in his charge. Notes can be written on the back of the envelope, and also on continuation forms E.C. 7 & 8, which are cards easily slipped into the envelope. The envelope is also used for retaining letters from consultants. It is as well to keep the entries on the back of the envelope to a minimum, and reserve the use of that space for important entries like sensitivity to penicillin, or serious operations, and make routine day to day entries on the continuation card.

The date of each consultation or visit should be noted, together with clinical notes, a firm diagnosis and treatment. These should be brief but not skimped ; easily recognised abbreviations are a great help. Too many notes cloud the issue and make reference difficult.

vi. *Visiting.*

Continuation cards are easily carried when visiting, so that notes can be made at the bedside. The medical record envelopes with all their enclosures are inclined to be too bulky for convenience.

vii. *Consultations.*

In the larger practice with full secretarial help, the medical record envelope is removed from the filing cabinet on the arrival of the patient, and placed on the doctor's desk.

Where a doctor has no secretarial help, he keeps the filing cabinet in his consulting room, and extracts the envelope for himself.

viii. *Certification.*

Under the National Health Service, a practitioner is required to provide national insurance certificates free of charge in respect of patients who are unfit for work. There are also a number of other certificates which must be provided free under the terms of the Act, but it is only proposed to deal with those in common use. The form of the certificate is simple. The patient's name follows the word "To" in the space at the top of the form, the diagnosis is written in the next space, then follows the doctor's signature and the date of the examination of the patient, and the date of signing. These are normally the same day, in which case they are bracketed together. There is also a space for any other remarks.

First and Intermediate Certificates.

The first certificate can only cover the patient up to a week, after which either an intermediate or final certificate is issued as the case may be. If the incapacity lasts more than four weeks, or in other words if one first and three intermediate certificates have already been issued, it is possible to issue an intermediate certificate which will cover the patient for the next four weeks if his condition is such that an earlier return to work is unlikely. However, it is still possible to issue a final certificate at any time when an intermediate certificate is still current.

After a patient has been incapacitated six months, it is then possible to issue a certificate for thirteen weeks. It is of interest to note that a patient does not receive sick benefit until the next weekly certificate is issued, but where a certificate is issued for more than a week, the patient is given a book of vouchers which he can cash at the end of each week. A patient is not paid for the first three days of an incapacity, but if the incapacity lasts two weeks this does not apply. Should any doubt arise about this very complicated subject of National Insurance, it is better not to advise the patient, but rather to tell him to make enquiries at the local National Insurance Office where accurate advice will be given.

Supplementary Certificates.

These certificates are designed for use when a patient has inadvertently left a gap in his certification. A practitioner issues them in cases which he knows to be genuine, but where the patients have failed to cover themselves fully for every day of incapacity. For example—when a patient is discharged from hospital he may no longer be covered by the certificate he received when he was an in-patient, and he has not obtained one from his G.P. This usually arises because the patient does not wish to bother his doctor to call for the purpose of issuing a certificate when he knows that no treatment is indicated. The omission at once becomes evident when the patient finally attends the doctor in his consulting room.

It should be noted that all certificates bear the sentence "I certify that I have examined you on the undermentioned date". A certificate cannot therefore be issued without seeing the patient, and must be dated for that date.

Final Certificate.

The final certificate is on the back of the intermediate certificate and bears the alternative of sending the patient back either "today", " tomorrow", or "on . . . . . . day". The blank date must not be more than three working days from the date of issue. Since Sunday is not a working day under the terms of National Insurance, it is possible to issue a final certificate on Thursday, Friday or Saturday for return to work on Monday. The object of this regulation is to reduce the rush for final certificates on Saturdays.

Many practitioners resent putting the diagnosis on National Insurance certificates, but as they provide a means of access to public funds, and must therefore be subject to constant supervision, this attitude is scarcely defensible. Where a diagnosis is very personal, and not likely to last long, it is justifiable to use some vague descriptive symptom, rather than a diagnosis that would embarrass the patient. There is also a special form supplied for informing the Divisional Medical Officer of a more complete diagnosis when it is not considered to be in the patient's interest to disclose it to him, for example—cancer.

4. **Duties of Patients.**

The duties of patients are summarized on the inside of every patient's medical card, but only the exceptional patient ever reads them. The most important rule is to request a visit on a patient who is sick at home, before 10 a.m. on the day it is required. Otherwise a doctor cannot plan his day and uses much time and petrol needlessly flitting backwards and forwards from one end of his practice to the other. A wise doctor will explain any transgression made by his patients kindly to them, and in the great majority of instances due heed will be taken. If a doctor does not attempt to teach his patients how to behave he can rest assured that they will not pick it up on their own accord. Sarcasm rarely has the desired effect, and expression in stronger terms should be reserved for the flagrant and persistent offender.

It can generally be taken that the doctors who have the most evening and night calls are the least efficient, as they are often caused by failure to examine and assess their patients to the full, and prescribe suitable treatment which the patient can apply for himself. For example, the best treatment of asthma consists of reassurance, breathing exercises, appropriate remedies which the patient can use for himself like aminophylline, ephredrine and an adrenalin spray. It is a sign of failure to keep dashing out to the patient with an adrenalin syringe. This should only be used as a last resort, and even then intravenous aminophylline is better in the long run.

5. Private Patients.

The practitioner can charge any patient who presents himself for treatment, provided he is not on the National Health Service List of his partners or himself. The patient is also responsible for paying for any drugs or medicine which are required for his treatment.

Finally.

i. Once a patient enters hospital he has no real option or choice of doctor, and it is as well to remember that this no longer applies in general practice, as the patient can go to another doctor if he is not satisfied. He is no longer a bed number, as is too often the case, but a personality who has got to be individually understood.

The newcomer must be reserved in his approach to begin with, as a breezy or pompous manner only embarrasses a stranger. Never contradict a patient's diagnosis, however bizarre it may seem at first, until the facts have been properly investigated, because at the end of it, one frequently finds it impossible to explain the patient's illness to him in better terms than the diagnosis he has already given. Otherwise you may find yourself in the very difficult position of trying to explain the difference between "rheumatism" and "arthritis".

ii. *Dress.*

He should wear a suit until he is well known, otherwise he may be referred to as "a student".

iii. *Children.*

He should look upon children as though they were his own, otherwise he will not understand the affections which motivate their parents' behaviour. Such remarks as "Oh ! I think he will be all right" are disastrous.

iv. *A firm diagnosis.*

The newcomer must whenever possible make a firm diagnosis, otherwise patients may think to themselves this doctor does not seem to know what is wrong—we had better send for another that does. It is better to commit yourself and come back later and be prepared to reconsider it than to leave the patients in the air. The well established practitioner in whom the patients have plenty of confidence, is in the position of being able to say that he is not quite certain of the diagnosis and that he is taking the necessary steps whatever the case may be, but he will always follow the patient up until he is sure, or the patient has recovered.

v. *Explanations.*

Whenever possible explain to the patients or their relatives the diagnosis and its implications in terms which they can understand, i.e., in their own language. The most successful general practitioners are those who know how to come down to the patient's level without loss of prestige.

CORRESPONDENCE

Letters to the Editor of the Gazette

A Matter of Barrels

From the Clerk to the Governors

SIR,—I think that like everyone else connected with the Hospital the Counting House staff were hoping that the Rugby Fifteen would return with the Hospital Cup, but we were a little bit bothered and embarrassed when the supporters of the Fifteen did not even return with two large barrels which they had appropriated for the occasion of the cup final from outside the Central Stores. Certain students who shall be nameless admitted that in the lethargy that followed defeat these barrels had been left on the borrowed lorry when it was returned to Barclay Perkins Brewery. Messrs. Barclay Perkins informed us that as the barrels were no use for holding beer they had been launched on the Thames. Shell Chemicals, the owners of the barrels told us they had charged the Hospital £5 each for them, and Ministry of Health rules and regulations being what they are, £10 had to be found from somewhere. The students in question admitted to having only a small amount in hand so we contacted the appropriate division of Shell Chemicals and explained all the sad circumstances. Out of the kindness of their hearts or because of their sympathy with our predicament the Company agreed that these barrels were really very old barrels and proposed that the charge therefore should accordingly be reduced to 10*s*. each. £1 was contributed by the students and, so far as we can see, the Ministry of Health regulations, the requirements of the Auditors, Shell Chemicals, the students and lastly the Counting House are satisfied that this involved affair has been satisfactorily dealt with.

Yours, etc.,

B. LEES READ.

Counting House,
Guy's Hospital.

Chronic Diarrhoea

From Sir Adolphe Abrahams

SIR,—The majority of sufferers from frequency of defaecation are not particularly interested in the character of their stools, and regard themselves as afflicted with "diarrhœa" *tout court;* which is "true" enough from their point of view, though it may be "spurious" to the expert.

Mr. Wass rightly directs attention to the importance of making a digital examination of the rectum. He might have included among the possible revelations an impacted mass of faeces from which seepage occurs, the equivalent of an overflow incontinence of urine. This form of "diarrhœa" is of course constipation.

As Mr. Wass says, diarrhœa is a potentially serious symptom and ought in all cases to be so regarded. It is accepted by the laity as a nuisance rather than a serious disability and is frequently neglected for a considerable time before advice is sought. Our profession, too, is not immune from blame and on occasion one sees the employment of astringents and other purely symptomatic measures without investigation of any kind, and the occurrences of avoidable tragedies. An authoritative work on Diarrhœa would be of great value to students and practitioners alike. Arthur Hurst could, of course, have written such a book and it will be to me a lasting regret that he did not see his way to accede to my repeated importunity to provide a companion work to his "Constipation". And alas ! even Guy's cannot turn out Arthur Hursts at will.

Yours, etc.,

ADOLPHE ABRAHAMS.

97, Harley Street, W.1.

Passim—and Winking lights

SIR,—Dr. Stafford-Clark accuses you of dogmatism, but what could be more dogmatic than Dr. Stafford-Clark's own letter? To deny the obvious in such extravagant and assertive terms seems to suggest that Dr. Stafford-Clark is lacking in those powers of observation which we, as doctors, are trained to acquire. Perhaps Dr. Stafford-Clark is one of those drivers "de dimanche," as they are aptly termed in France, for whom no dangers on the road exist for the simple reason that they do not see them: or possibly, if he is out in the car at night he is in a state of somnolence on the back seat whilst someone else is at the wheel.

I enclose a cutting from this week's *Sunday Times* which you may of course have seen already, and in which the paper's motoring correspondent amply endorses what you say. As a driver myself, with 40 years' experience, I have long ceased to regard driving as a pastime and regard it now as a highly arduous and responsible business, greatly aggravated by all this winking and blinking, not only in the streets but on other cars as well.

Yours, etc.,
G. L. DAVIES.

Missenden Lodge,
Withdean Avenue,
Dyke Road Avenue,
Brighton, 5.

The cutting mentioned by Dr. Davies was also brought to our notice by a distinguished member of the emeritus consulting staff. Part of the content is quoted in "Passim" *by kind permission of the Editor of the* "Sunday Times".—Editor.

Professor Fison and the Theory of Relativity

SIR,—I wonder how many old students remember Professor Fison's (dear man that he was) lecture about 1922-23 on Einstein's "Theory of Relativity".

The fact that he understood the "Theory" at all places him, I consider, amongst the great intelligences of his age.

As far as I was concerned I felt much as Peterkin in the poem *The Battle of Blenheim* must have felt—and realized "no matter, it was a famous victory." But Professor Fison's closing lines remain with me yet. And so" you see gentlemen, it is really so simple—my wife's fair form, my daughter's face, are nothing but two warps in space".

Yours, etc.,
J. MAURICE HULETT.

127 Trust Buildings,
Gardiner Street,
Durban, Natal.

Guy's East Anglian Dining Club

SIR,—Thirty Guy's men took tickets for the re-union dinner held at The Great White Horse Hotel, in Ipswich, on Friday, 20th May, and the evening was generally acclaimed to have been a most enjoyable and successful one. It was agreed that the next dinner should take place in Bury St. Edmunds on Friday, 14th October, 1955. This will be advertised about a month beforehand by circular, and with your permission, Sir, through the columns of the *Gazette*.

Yours, etc.,
HUJOHN RIPMAN.

Red House, Sproughton,
Nr. Ipswich.

REVIEWS

Medical Students and Medical Sciences. By D. M. SINCLAIR, 1955. Geoffrey Cumberlege. Oxford University Press, London. *Price* 25*s*.

All those who work in medical schools or in some contact with the medical student during his training must from time to time give thought to the methods employed in this training and to the results obtained thereby. How haphazard has been the development of our system of medical education! How casual our recruitment of teaching staff and, until comparatively recently, how indiscriminate the enrolment of students! But times are changing and there is evidence that these questions are receiving increasing attention, that a good deal of creative thought and constructive effort is being brought to bear upon these problems—in other words medical education appears to be entering a period of serious experimental study.

The author of this book is a teacher of medical students who has not only thought very carefully of the machine that he has been working but has travelled about to study its mode of operation in other medical schools in Great Britain, Canada and the U.S.A. This book gives his appreciation of the situation at present, indicates the main problems and outlines the methods that are being employed or developed to meet them. It is a simple straightforward account, singularly free from bias towards any pet educational theory and clearly full of sympathetic understanding of the problems of personality involved.

Ever since the last war, it has been necessary to employ some method for selecting or regulating the inflow of medical students. At first it was advocated in order to ensure the most efficient occupation of the limited medical school space in order to restore the depleted medical services of the country—now the reasons for selection appear to be changing to a more restrictive pattern as the signs of medical repletion develop. How to select, the relative merits of the personal interview, aptitude tests, objective examination or simple decanal ruling are discussed rather destructively. The author is a little hard on the average Selection Committee whom he accuses of "persistently trying to admit the ideal medical student"; generally the members of the committee are under no illusion as to their selective capacity and in a humble spirit hope to introduce a reasonable proportion of sound trainees and to exclude the more obviously unsuitable.

Then there follows an excellent section on the teachers, their recruitment and their training or lack thereof, their methods of teaching and assessment and examinations. Here the comparison between the methods of Old and New Worlds is very striking. The increasing impact of the non-medical scientist upon the teaching of the medical sciences in the U.S.A. is clearly having an effect upon the mental attitude of the student toward his patients and to counteract this effect heavy doses of psychology are prescribed in order to "humanize". In Britain the emphasis is still upon the healing of the sick and patients are still put before their reflexes or sugar tolerance curves. To preserve this outlook it is clear that a high proportion of medically qualified teachers is desirable.

Examinations in Britain are typically "essay-type", a few selected questions about which the *candidate writes* an answer which the *examiner reads* and from this written evidence together with certain oral and practical additions the *examiner forms an opinion* as to the candidate's factual knowledge and capacity for rational thought and action—an essentially subjective assessment from a selected field. In the U.S.A. there is an increasing tendency to employ the "multiple choice" question where the candidate is given a list of alternative answers to each question and he simply ticks off the answer he thinks correct. With carefully selected questions the amount of factual detail covered can be very great, the results are assessed purely objectively by a card-index *machine* and the results have a *mathematical value* available to the statistician. The relative merits of the two methods are discussed very fully and fairly by the author: there is some merit in both but the reader will probably be more impressed by their weaknesses.

The next part deals with the medical curriculum to the exclusion of the actual clinical subjects. Here there is nothing very new: problems of departmentalization and integration, how much anatomy and when, the position of pharmacology, use of clinical material in pre-clinical classes, all the familiar battle grounds are visited without very concrete results. Probably everyone is feeling a little tired of this field at the moment so that it is difficult to say anything very sparkling.

Lastly, there are short chapters on the experiments in medical education that are in progress at present. In this country they are mainly concerned with horizontal integration for which many good points are made. In U.S.A. rather more daring experiments in the vertical plane are being attempted although it is too early to express any opinion as to their prospects of success. Horizontal integration demands the removal of inter-departmental barriers at one level of instruction, e.g., anatomy, biochemistry, pharmacology and physiology and it aims at considerable economy of time on presentation so that the student has more free time to digest the integrated whole. Vertical integration demands the breaking of barriers between different levels, e.g., pre-clinical and clinical so that the student shall be presented with an overall survey from normal to abnormal and so will feel that all his information is leading him to his goal, the patient.

This is a very readable book and, as the author admits in his preface, it gives a picture of his point of view—but one is so much in sympathy with it that one welcomes this personal intrusion. Anyone who is seriously interested in medical education will gain something from reading these pages, not perhaps profound ideas on high-brow educational theory but the sensible views of a thoughtful man who is actually doing the job.

W.R.S.

Varicose Veins. Second Edition. By R. ROWDEN FOOTE. Butterworth. 2nd Edition. *Price* 55*s.*

This book is a most comprehensive study of varicose veins.

The author clearly states his views regarding the often controversial aspects of the subject, and stresses throughout the need for a conservative attitude to what is rightly described as a non-lethal disease. He voices the opinions of the majority of surgeons interested in the subject, when he records the decline in the use of sclerosant substances and the increasing popularity of stripping operations.

Surgeons interested in varicose veins will find the book very useful for reference purposes, and being essentially practical in giving detailed instructions about supportive treatment and the care of the ambulant patient, general practitioners too will find the book of value.

Senior medical students, though already burdened by having too many books to read, may with profit spend an evening reading selected passages and looking at the excellent illustrations.

P.B.C.

Demonstrations of Operative Surgery. By HAMILTON BAILEY, F.R.C.S., F.R.S.E. E. & S. Livingstone, Ltd. Second Edition. 1954. *Price* 24*s.*

The second edition of this entertaining book will be welcomed by both nurses and medical students. It is a most unusual textbook and it achieves its end by the description of a large assortment of operations. All the description is done from a personal standpoint by the galaxy of well-known surgeons who have contributed to the volume. In a work of this sort it is, of course, difficult to pick out the best individual sections, though among the very best are Sir Russell Brock's description of pneumonectomy and mitral valvotomy, Mr. Millin's account of prostatectomy, and Mr. W. B. Gabriel's description of hæmorrhoidectomy—which latter differs in some respects from the techniques in use at Guy's. Some of the methods are strange to us here, for example thyroidectomy under local anaesthesia is not accepted practice in most places though described here. The standard of illustration is very good and the paper and binding are of Livingstone's amazingly high standard.

The forceful prose which results from personal rather than impersonal description makes this book excellent reading for any student who is doing a surgical appointment or for nurses either working in the theatre or nursing patients in surgical wards. Most textbooks of operative surgery are too detailed and long for undergraduates. This book is a welcome and useful substitute.

P.S.B.

Text Book of Medicine for Nurses. By E. NOBLE CHAMBERLAIN, M.D., F.R.C.P. 6th Edition. Oxford University Press. *Price* 30*s.*

The author seems justified in his claim to have modified and corrected this text book in the light of recent advances in treatment. It is, as he says, a book for the nurse who requires enough theoretical knowledge to carry out her duties, but desires a fuller understanding of certain technical aspects connected with her work. It is not to my mind a comprehensive enough text book to give the basic knowledge of the disease and the fundamentals of treatment.

There seems to be a synopsis of most of the branches of medicine with which the nurse comes into contact, also much ancillary material which is of great value to her. The chapters on Bacteriology, Dietetics and Therapeutics are clear and to the point: while the excellent anatomical diagrams and outline of physiology seem to clarify the following text and refresh the memory of subjects all too easily forgotten. The appendix gives descriptive details of many technical procedures and invaluable instructions for preparation of the patient.

Lastly, the excellently tabulated summaries make revision for any examination easier and would prove useful for speedy reference on other occasions.

R.E.B.

SPORT

CRICKET

Guy's v. Orsett

At H.O.P. Result: Drawn
30th April, 1955

Guy's Hospital

W. Knapman, run out	76
M. Tuddenham, l.b.w., b. Painter	4
N. Cooke, c. Johnson, b. Painter	16
D. Atkinson, c. and b. Bryant	0
M. Mackenzie, c. Chinnery, b. Bryant	13
M. Williams, not out	44
R. Enfield, not out	13
Extras	17
Total for 5 wickets declared	183

Did not bat: M. Lyon, M. Willis, R. Norman, M. Langman.

Orsett for 7 wickets 172

Bowling	O.	M.	R.	W.
Lyon	14	2	51	2
Atkinson	9	1	45	1
Mackenzie	12	—	34	2
Willis	4	—	20	1
Langman	3	—	16	1

Guy's v. Ashtead

At Ashtead. Result: Won
8th May, 1955

Guy's Hospital

W. Knapman, *stumped Edwards, b. Barnard*	35
M. Tuddenham, b. Wheller	4
M. Williams, b. Bernard	2
R. Norman, stumped Edwards, b. Ellis	15
A. Gunn, b. Ellis	5
M. Willis, caught and b. Bernard	7
R. Enfield, b. Ellis	1
M. Mackenzie, c. Ellis, b. Henty	42
M. Morgan, c. Henty, b. Barnard	8
N. Cooke, b. Henty	36
G. Bury, not out	6
Extras	15
Total	176

Ashtead for 10 Wickets 80

Bowling	O.	M.	R.	W.
Morgan	14	7	25	4
Mackenzie	5	—	36	1
Bury	9	2	14	5

Guy's v. Ashford

At Ashford. Result: Won by 80 runs.

Guy's

W. Knapman, b. Holdstock	0
N. Cooke, l.b.w. Holdstock	27
M. Williams, c. and b. Holdstock	14
M. Mackenzie, l.b.w. Nelson	43
A. Gunn, c. Wright, b. Flower	61
M. Lyon, c. and b. Nelson	0
R. Norman, b. Flower	1
M. Willis, c. Nelson, b. Flower	0
G. Bury, c. Russel, b. Flower	*18*
T. Clarke, b. Nelson	4
M. Morgan, not out	0
Extras	3
Total	171

Ashford .. .. Total 91

Bowling	O.	M.	R.	W.
Morgan	7	2	11	—
Lyon	8	3	14	—
Willis	3	—	4	—
Mackenzie	10	2	21	6
Clarke	12	2	24	4
Bury	3	—	13	—

Guy's v. Honor Oak

At Honor Oak. Result: Won by 7 wickets

Guy's

N. Cooke, b. Sheffield	94
D. Lippington, c. Smith, b. Cheeseman	22
M. Mackenzie, *not out*	94
M. Morgan, b. Cheeseman	15
M. Lyon, not out	7
M. Williams N. Knight W. Knapman M. Langman S. Lam M. Willis	*Did not bat*
Extras	5
Total for 3 wickets	237

Honor Oak for 4 wickets declared 236

Bowling	O.	M.	R.	W.
Lyon	9	1	47	—
Morgan	8	—	53	—
Mackenzie	13	2	50	2
Langman	8	1	43	2
Willis	3	—	39	—
Cooke	1	—	2	—

Guy's v. Wanderers

At H.O.P. Result· Drawn.

Guy's

W. Knapman, c. Robey, b. Peach	17
N. Cooke, b. Clain	2
D. Lippington, b. Peach	21
R. Elsdon-Dew, not out	139
R. Enfield, b. Peach	0
D. Smith, b. Peach	7
M. Morgan, not out	54
Extras	11
Total for 5 wickets declared	251

Wanderers for 2 wickets 200

Bowling	O.	M.	R.	W.
Lyon	12	2	31	1
Morgan	9	1	23	—
Langman	7	1	38	1
Willis	5	—	24	—
Knapman	4	—	38	—
Elsdon-Dew	1	—	14	—

TENNIS

The tennis season opened on a very dull note. The first match, Guy's *v* Shooters Hill, was washed out by continuous rain.

On Sunday, 8th May, heartened by bright sunshine, the team travelled to Lloyds Bank ground at Beckenham. Lloyds Bank, playing with a team weakened by selections for the United Banks were defeated by seven matches to two. The match was played in a blustering wind which made good tennis impossible. The only promising feature of the match was the steady, consistent play of Colin Maggs who played with the captain R. Elsdon-Dew.

Team: J. A. Quant, R. Elsdon-Dew, K. Thomas, A. Black, C. Maggs, C. Smith.

NURSES' TENNIS

v. Queen Mary's Hospital, Sidcup

At Sidcup : Result, Won 2—1

Team:—Nurses Bone, F. Robinson; Muir, Wreford; Ryan, Lewis.

1st Round of the *Nursing Times* Tennis Tournament against St. Mary Abbot's Hospital.

Won: 5 sets : n .	*Team:*
6—1	Nurse Bone
6—0	„ Ryan
6—0	„ Collier
6—2	„ Richmond
6—2	

LADIES' TENNIS

1st VI v. Royal Holloway College

At H.O.P. on Saturday, 30th April, 1955

Result Lost 4—5

A. Pountain, I. Platt—Won 3–0.
M. Donovan, J. Craig—Lost 1–2.
H. Allin, J. Steadman—Lost 0–3.

1st VI v. Barts.

At H.O.P. Wednesday, 4th May, 1955

Lost 3—6

I. Platt, J. Craig—Lost 1–2.
M. Donovan, A. Chapman—Won 2–1.
H. Allin, H. Phillips—Lost 0–3.

TABLE TENNIS

After a very successful season, during which we won practically all the matches against other colleges, we hope that wide interest will be aroused by our final Knock-Out Competition on Monday, 6th June, around 6 p.m. *Anyone* who can play, however well or badly, will be most welcome to join in.

SWIMMING

At the University of London Championships held on Thursday, 19th May, 1955, J. M. Murray won the Diving event.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st June, 1955

Assistant House Surgeons

To:		
Mr. Blackburn	Mr. J. C. Anthony-Davies	
Mr. Lawrie	Mr. J. D. Broome	

Appointed for 6 months, the first 3 months as A.H.S.

Mr. Glover	Miss E. A. Burns	*3 months*
Mr. Brain	Mr. A. J. Membrey	

Appointed for 6 months, the first 3 months as A.H.S.

Assistant House Physicians

To:	
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop	Mr. R. Palmer
To:	
Dr. Boland, Dr. Baker and Dr. Houston	Mr. P. S. Boulter
To:	
Dr. Hampson, Dr. Kauntze and Dr. Grant	Mr. R. K. Knight
To:	
Dr. Mann, Dr. MacLean and Dr. Campbell	Mr. J. F. S. Batson

Appointed for 6 months, the first 3 months as A.H.P.

Out-Patient Officers

Mr. G. C. W. Baker Miss M. A. Barrie Mr. M. D. A. Vickers Mr. J. G. Davies Mr. J. D. Ellis	*3 months*

House Surgeons

To:		
Mr. Massie	Mr. J. P. A. Weaver	*3 months*
Mr. Eckhoff	Mr. D. W. Atkinson	*6 months*
Mr. Atkins	Mr. D. N. Whitmore	*3 months*
Mr. Wass	Mr. S. M. Madeloff	*6 months*

House Physicians

To:		
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop	Mr. D. K. Fairweather	*3 months*
Dr. Boland, Dr. Baker and Dr. Houston	Mr. B. H. B. Robinson	*3 months*
To:		
Dr. Hampson, Dr. Kauntze and Dr. Grant	Mr. G. S. Rawson	*6 months*
To:		
Dr. Mann, Dr. MacLean and Dr. Campbell	Mr. G. H. Anderson	*6 months*

Resident Obstetricians

1.1.55—30. 6.55	Mr. P. F. P. Lansdown
1.3.55—31. 8.55	Mr. J. T. N. Williams
1.5.55—31.10.55	Mr. J. H. Peters
1.7.55—31.12.55	Miss J. E. Banbury

Ophthalmic House Surgeon
(Non-Resident)

Mr. A. E. Bashford	(to 30.6.55)
Vacant	(from 1.7.55)

House Surgeons in the Orthopædic Departments of Guy's Hospital and Orpington Hospital

Mr. D. Bradshaw	*6 months*
Mr. J. D. Miller	*6 months*

Throat and Ear House Surgeons

Mr. J. G. Parkes	*3 months at Guy's then* *3 months at Orpington*
Mr. D. J. Davies	*3 months at Orpington*

Dermatological House Physician
(Non-Resident)

Mr. P. Cook	(to 30.6.55 Resident)
Vacant	(from 1.7.55)

Genito-Urinary House Surgeon
Mr. S. S. Grové *6 months*

Neurological House Physician
Mr. R. W. Edmonds *3 months*

House Surgeon to the Thoracic Unit
Mr. E. E. D. Tomlin

Children's House Physicians

Mr. O. H. Shaheen	*3 months*
Mrs. M. D. Pollock	*6 months*

Children's House Surgeon at the Evelina Hospital
Vacant

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mr. D. P. Honey	*3 months*
Miss J. Platnauer	*6 months*

House Physicians in the York Clinic

Mr. B. L. Mallett	*6 months*
Mr. P. M. J. O'Brien	*6 months*

Resident Anæsthetists

7.1.55— 6.7.55	Mr. C. Bishop
20.3.55—19.9.55	Mr. P. G. Dunbar
7.7.55— 6.1.56	Mr. C. Bishop

R.M.Os. in Nuffield House

4.3.55—17.9.55	Mr. P. J. Frost
18.3.55—17.9.55	Mr. E. Moran

ORPINGTON HOSPITAL

House Surgeons

Mr. J. S. B. Meyer
Mr. L. W. S. Eyears

PEMBURY HOSPITAL

House Surgeons

Mr. H. T. Davies
Mr. B. M. N. Pitt

ST. OLAVE'S HOSPITAL

House Surgeons

Mr. M. J. Atwill
Mr. J. C. Moorshead

JOYCE GREEN HOSPITAL

House Physician

Mr. T. Rowan

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon

Mr. H. B. Anstall

LEWISHAM HOSPITAL

House Surgeon

Mr. D. J. Sills

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician

Mr. R. J. S. Milton

House Surgeon

Mr. J. G. J. Howell

APPOINTMENT

Michael P. Coplans, M.B., B.S., F.F.A.R.C.S., appointed Consultant Anæsthetist to the Dartford Group of Hospitals.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

INTERVARSITY CLUB. Midsummer Ball. Festival Hall, 15th July, 1955. George Melachrino. 50*s*. double from 170 King's Road, S.W.3.

HOLIDAY RUINED through rail strike—would anyone give Miss Waldron lift to Newcastle District on 11th or 12th June. Expenses gratefully shared. Med. Illustr. Dept., Ext. 395.

Wanted

DENTAL ASSISTANT required in very busy first class practice Herefordshire. Please reply with details of professional qualifications, age, etc., to Box No. 97.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

APPOINTMENTS VACANT

Applications are invited for a post of **Research Fellow** for work in connection with **clinical trials of certain drugs.** The appointment, which is suitable for a person who has held a Registrar post and who wishes to spend a period doing investigative work, will be for a period of one year in the first instance. The salary will be up to £1,000 per annum, depending on the experience of the person appointed. Applications, with the names of three referees, should be sent to the Dean, Guy's Hospital Medical School, London Bridge, S.E.1.

Applications are invited for the post of **Trainee Registrar in Diagnostic Radiology.** Applicants should hold a higher qualification in Medicine or Surgery. The holder of this post will be remunerated at the rate for the grade of Registrar. Duties commence 1st October, 1955, with appointment for two years subject to review at the end of the first year, during which time the holder will be expected and given the opportunity to obtain a radiological qualification. Forms of application are obtainable from, and should be lodged with, the Superintendent, Guy's Hospital, S.E.1, not later than **28th June, 1955.**

GUY'S HOSPITAL DENTAL DEPARTMENT

Applications are invited from **TWO Dental Surgeons** to undertake primarily the dental treatment of the Nursing Staff of Guy's Hospital. Each appointment will be for 5½ sessions per week. The appointments will be made for one year in the first instance with the possibility of renewal for a longer period. The posts will be superannuated and each will carry a salary of £625 per annum. The officers appointed will be required to have their names included in the list of Dental Practitioners of the local Executive Council. They will claim fees from the Executive Council for work done and if such fees exceed the cost of providing the service the excess fees will be distributed between the officers concerned.

Full particulars of the appointment may be obtained from the **Superintendent's Office,** where applications must be lodged before **Thursday, 30th June, 1955.**

It is hoped to start the service as soon as possible but at the latest on 1st October, 1955.

PASS LIST

CONJOINT BOARD

D.C.H.

Sheila M. Forbes

D. Phys. Med.

P. Hume Kendall

D.T.M. and H.

J. E. H. Lahaise

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

Diploma

A. G. Blyth
Kevin Kelly
E. R. Lester
Eleanor Morrison
J. A. Payne
Margaret J. Purser
Kenneth Scott

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

April, 1955

Medicine: R. E. Farmer

GUY'S HOSPITAL MEDICAL SCHOOL

Charles Forster Prize in Cardiology

1954-55

D. M. Ackery—Prize

C. J. Wallace—Certificate

D. R. Laney—proxime accessit

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Amiel, Gerald J. Approach to the Delivery of the Hyperextended Fœtus. *J. Obstet. Gynæc. Brit. Emp.*, 1955, **62**, 102.

Annecke, S. and others. Some Further Observations on Bilharziasis in the Transvaal. *S. Afr. med. J.*, 1955, **29**, 314.

Blackburn, Guy. Large Bowel Obstruction. *Postgrad. med. J.*, 1955, **31**, 246.

Camps, F. E. Forensic medicine in America. *Lond. Hosp. Gaz.*, 1955, **58**, 52.

Day, R. J. D. Oral Hygiene. *Practitioner*, 1955, **174**, 620.

Harding, H. E. and another. Pulmonary Fibrosis in Non-Ferrous Foundry Workers. *Brit. J. industr. Med.*, 1955, **12**, 92.

Hardwick, Christopher. Acute Food-Poisoning. *Brit. med. J.*, 1955, i, 1205.

Knox, R. Hæmin and Isoniazid Resistance of Mycobacterium Tuberculosis. *J. gen. Microbiol.*, 1955, **12**, 191.

Lawrie, Rex. Teaching Methods for Medical Students. *Med. Pr.*, 1954, **231**, 203.

Mallett, B. L. and Zilkha, K. J. Compression of the Ulnar Nerve at the Wrist by a Ganglion. *Lancet*, 1955, i, 890.

Moore, R. D. A Simple Light Integrating Meter for Use with Flash Tubes. *Med. biol. illus.*, 1955, **5**, 95.

Northfield, D. W. C. and another. Undercutting of Orbital Cortex in Chronic Neurotic and Psychotic Tension States *Lancet*, 1955, **i**, 986.

Palmer, G. Blake. Tohungaism and Makutu. *J. Polynesian Soc.*, 1954, **63**, 147.

Pegum, J. S. and others. A Valuation of Hydrocortisone Ointment. *Lancet*, 1955, *i*, 1038.

Reinhold, John and another. The Determination of Blood Pressure in Infants by the Flush Method. *Arch. dis. Childh.*, 1955, **30**, 127.

Rogers, A. Talbot. General Practice in Review. Valedictory Address. *Proc. R. Soc. Med.*, 1955, **48**, 287.

Rushton, Martin A. Dental Effects of Dietary Aureomycin. *Brit. dent. J.*, 1955, **98**, 313.

Scott, Leslie. Presenting Symptoms in Children. Pain in the Limbs. *Med. Pr.*, 1955, **233**, 421.

Symonds, Sir Charles. Classification of the Epilepsies. *Brit. med. J.*, 1955, i, 1235.

Thomson, L. C. The Physiological Basis of Visual Sensation. Lectures on the Scientific Basis of Medicine. Vol. I, 1951-52. *Athlone Pr., London.*

Thompson, R. H. S. Cholinesterases and Anti-Cholinesterases. Lectures on the Scientific Basis of Medicine. Vol. II, 1952-53. *Athlone Pr., London.*

Veall, N. and another. The Use of the Isotope ^{51}Cr. as a Label for Red Cells. *Brit. J. Hæmatol.*, 1955, **1**, 62.

Veall, N. and another. The Branching Ratios of ^{86}Rb and ^{42}K. *Proc. phys. Soc. London.*, 1955, **68**, 346.

Walt, Frank. Asthma in Childhood. *S. Afr. med. J.*, 1955, **29**, 340.

CHANGES OF ADDRESS

R. G. Beard, M.A., M.B., B.Ch., "Ravensthorpe", 9 Burnell Road, Sutton, Surrey.

D. Davies, M.D., M.R.C.P., Ransom Hill, Rainworth, Nr. Mansfield, Notts.

R. H. Farrell, M.B., B.S., 102 Worth Road, Pound Hill, Crawley, Sussex. (Tel. Pound Hill 2301.)

I. C. K. Mackenzie, M.D., M.R.C.P.: Consulting Room: 14 Devonshire Place, W.1. (Welbeck 8433). Home: 34 Lovelace Road, S.E.21. (Gipsy Hill 1660.)

G. E. Sharp, L.M.S.S.A., Kendall Green, Callington, Cornwall. (Tel. Callington 488.)

I. B. Thomas, M.B., B.S., 21 Clarence Square, Cheltenham, Glos. (Tel. Cheltenham 4292.)

BIRTHS

BULLEID.—On 22nd March, 1955, to Jeanne (née Clarke), wife of John Bulleid, M.B., B.Ch., 236 Hill Lane, Southampton, a son, a brother for Nicola.

DYER.—On 28th April, 1955, at Guy's Hospital, to Ann Dorothy (née Taylor), wife of Haydon Dyer, L.M.S.S.A., 37 Iverna Gardens, W.8, a son.

KENDALL.—On 23rd April, 1955, at Outwood, Surrey, to Jill, wife of P. Hume Kendall, M.B., B.S., a son (Julian), a brother for Simon.

McARTHUR.—On 2nd May, 1955, at Nuffield House, Guy's Hospital, to Pauline (née Readman), wife of John M. McArthur, F.R.C.S., a daughter (Anne Margaret), a sister for John David.

PUSEY.—On 4th May, 1955, at Moseley, Birmingham, to Diane, wife of Roy Pusey, B.D.S., a son—a brother for Richard and Mary Ann.

SHARP.—On 9th May, 1955, at Freedom Fields Hospital, Plymouth, to Hilda (née Palmer), wife of G. E. Sharp, L.M.S.S.A., a daughter (Fiona Margaret), a sister for Christopher, John and Richard.

MARRIAGE

PRITCHARD—MILLS.—On 2nd April, 1955, at Christ Church, Sutton, John Fergusson Pritchard, M.B., B.S., to Lois Daphne Mills.

DEATHS

DUGGAN.—On 15th May, 1955, in Nuffield House, Guy's Hospital, Herbert Carr Duggan, aged 67.

FOTHERGILL.—On 6th May, 1955, at Hensol, Chorley Wood, Herts, Claud Francis Fothergill, M.B., B.Ch., aged 77. Founder of Camps and Tours Union.

EDS. { E.E.D.T.
P.S.B.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1745 *11th June 1955* *One Shilling*

PASSIM

IN this issue readers will find the first of a new series of articles. This article, *Experimental Kwashiorkor* by Dr. Ian MacDonald of the Department of Physiology will be followed by others, each being written by members of the Hospital and School Staff and each being devoted to some aspect of the research work which is going on in the department concerned. We have visited many departments and have the promise of what should be a most interesting series. We will, of course, be most grateful for every contribution that we receive and we are sure that our readers both in and away from Guy's will value these indications of that ceaseless work of research which is fostered by the Hospital and School.

We offer a hearty welcome to Dr. Samuel P. Asper who is Associate Professor of Medicine at the Johns Hopkins Hospital and who is our guest on the exchange scheme this year. While Dr. Asper is with us, we shall have the privilege of hearing his teaching on our cases and two clinical lectures have already been arranged. The first, on 13th June, deals with *Advances in the Treatment of Myxoedema* and the second, on Monday, 20th June with *The Antithyroid Drugs*. We hope that Dr. Asper will enjoy both socially and professionally his visit to Britain and, in particular, to Guy's.

We would like to remind readers that the Superintendent's office will welcome any offers of transport for Hospital staff during the strike.

A Cerebral Palsy Advice Clinic has recently been started at Guy's Hospital under the aegis of the Children's Department. It is held in the Children's Out-patient Department at 2.0 p.m. on the third Friday, and some other Fridays, in each month. Children and their parents will be seen by Dr. R. C. Mac Keith. The help of the various special departments and the Almoner's department will be available. Patients may be admitted for further investigation. The aim is not to provide treatment, except for children from near Guy's, but to give parents advice on the long term management and on the treatment and educational facilities available for their children and to help practitioners in the diagnosis and the planning of management of such cases. Periodic assessment is contemplated.

It is hoped to collect further information about Cerebral Palsy, its natural history, and response to treatment and management. In this respect especially it is most useful that Dr. P. E. Polani, now working as Fellow in Cerebral Palsy for the National Spastics Society, will be helping in this Clinic.

We record with much regret the resignation, on 31st May, 1955, of Dr. E. E. D. Tomlin who has been Editor of the *Gazette* for nearly three years. His connection with this journal began in May 1952. Under his most able and versatile direction, the *Gazette* has risen, we think, to heights unattained since pre-war days. His Assistant Editor Dr. P. S. Boulter was appointed Editor by the *Gazette* Committee which regretfully accepted Dr. Tomlin's resignation. At that committee meeting, Mr. T. W. Hoskins was unanimously elected Assistant Editor.

Mr. Hoskins has already had a contribution printed in these pages as he was part author of *The Smell at the Gate*, a most interesting article which appeared during last year. He has already been Editor of the Cambridge University Medical Society Magazine. We accord him a hearty welcome and to Dr. Tomlin we bid a reluctant *au revoir*, our regret at his departure from the editorial scene being tempered by the knowledge that his advice as Editor *Emeritus* will be readily available to us as he continues to hold an appointment in the Hospital.

Two stained glass windows were dedicated by Bishop J. C. Mann on 22nd May, 1955 in the Chapel of Pembury Hospital. They are to the memory of two distinguished Guy's men: Mr. J. F. Carter-Braine and Mr. E. C. Hughes. This memorial will serve to perpetuate their memory in the hospital which saw so much of their professional skill.

We note with interest that Mr. Philip Reading has been appointed to the Directorship of the Department of Medical Illustration at Guy's. All of us at the Hospital will applaud this choice, knowing that he will be a worthy successor to the late Professor James Whillis. Those who have been taught by Mr. Reading know of his enthusiasm and keen interest in graphic and photographic methods of teaching.

We congratulate Dr. R. L. Waterfield on his election to the Fellowship of the Royal College of Physicians.

We offer our congratulations to Dr. J. H. F. Brotherston who has been appointed to the Chair of Public Health and Social Medicine in the University of Edinburgh. Dr. Brotherston was for a time lecturer in Public Health in the Medical School during his tenure of a post at the London School of Hygiene and Tropical Medicine. We hope that he will be very happy on his return to his mother university and country.

This year marks the centenary of the Hospital Cricket Club. We hope to publish in the near future an account of the history of the Club and would like now to remind our readers of the centenary ball. A notice giving details will be found on page 238.

The British Medical Association at their annual representative meeting in London has discussed the pressing subject of the heroin ban. It was interesting to see that there was no agreement with the Government decision, despite the fact that Government spokesmen seemed to consider that the profession were entirely on their side. A determined movement such as has been envisaged by Dr. Douthwaite and by speakers at the B.M.A. Council Meeting should undoubtedly result in the repeal of this untimely ban. The medical profession must make it clear to the Government that in medical matters they will stand no interference of this kind. If government action is thought to be necessary to meet with the requirements of international health organisations, such action must be submitted to the judgment of our profession in a more effective way than has been done in this case.

At the same B.M.A. meeting a most timely call for the abolition of the purchase tax on motor cyclists' crash helmets was made. The tragedy of death following head injury could so often be avoided were these helmets made as necessary a part of the motor cyclist's armamentarium as his engine and his licence. We wonder whether the present styles of crash helmet are indeed the best that may be possible. The Medical Research Council might perhaps co-operate with Government authorities in introducing a reasonably cheap, effective and attractive form of headgear for this purpose.

Whatever has been said about Guy's men nobody can deny that they are, on the whole, adventurous and ready to seize their chances when they come. Two Guy's students have recently demonstrated this characteristic. Faced with the rail strike, cut off from their trains, they had the brilliant idea of running a bus. This vehicle, the first, we may say, for many years to be driven and conducted by members of the Medical School, has chugged its way from Purley to the Borough and back again each day. We understand that the interpretation of fare stages has been somewhat elastic and can imagine a rich profit ensuing from this most timely activity.

Incidentally, the strike has had some lighter sides. As an infuriated four-deep queue of cars turned the London air into saturated petrol vapour, six small boys on a back street in South London were having the time of their lives. For when has such a back street offered such a golden opportunity for collecting car numbers?

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Retention of Urine.*
13th	M	1.00	Dr. S. P. Asper (Associate Professor of Medicine, Johns Hopkins Hospital, U.S.A.). Clinical Lecture. *Advances in the Treatment of Myxoedema.*
14th	T	1.00	Professor M. A. Rushton. Dental Clinical Lecture. *Recent Cases of Interest.*
16th	Th	1.00	Dr. A. W. Hind. Clinical Lecture. *Chloroform.*
		5.00	X-ray Meeting. Gordon Museum.*
17th	F	2.15	Combined Round. Pre-clinical Classroom.
20th	M	1.00	Dr. S. P. Asper. Clinical Lecture. *The Antithyroid Drugs.*
21st	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *Thyrotoxicosis.*
23rd	Th	1.00	Professor M. A. Rushton. Clinical Lecture. *Tongues.*
		5.00	X-ray Meeting. Gordon Museum.*
24th	F	2.15	Combined Round. Pre-clinical Classroom.
27th	M		Photographic Exhibition. *Cutaneous Manifestations of Visceral Malignancy.* Gordon Museum.
JULY			
1st	F	9 p.m.—2 a.m.	Cricket Club Centenary Ball. Park Lane Hotel.

* *These meetings will not be held if the rail strike is still in progress.*

NOTICES

CRICKET CLUB CENTENARY BALL

A Centenary Ball will be held at the Park Lane Hotel on Friday, 1st July, 1955, from 9 p.m. to 2 a.m. (Double ticket Three Guineas including a 3 course Cold Supper).

Tickets are obtainable from the Secretary and committee members of the Club. Postal applications including remittances should be sent to the Secretary, c/o Front Lodge, Guy's Hospital, S.E.1.

GUY'S REUNION COCKTAIL PARTY—TORONTO, JUNE, 1955

The Cocktail party arranged for Guy's men and their wives attending the joint B.M.A./C.M.A. Convention in Toronto has now been arranged to take place in private dining room No. 9, on the Mezzanine floor of the Royal York Hotel, Toronto, on Wednesday, 22nd June, 1955 from 6 p.m. to 8 p.m.

Owing to the uncertainty of the numbers likely to be present it is not practicable to issue tickets. Instead, a private bar will be set up for us and a wide variety of drinks will be available at a fixed price. In addition, it will be necessary to collect a small levy of about one dollar per person to cover the cost of catering and various expenses.

We hope that all Guy's men and their wives attending the Convention will find their way to this reunion, perhaps the first to be held in Canada.

GUY'S HOSPITAL STUDENTS' UNION BOOK EXCHANGE

The Book Exchange has in its possession a large number of books belonging to students for which there is no sale.

Would the owners of these books please claim them or they will be disposed of after 14 days from this notification.

A. P. LEES,
Treasurer to the Book Exchange.

RESIDENTS' PLAY—RECORDS 1955

There are still some copies of the Song Selection available, price 12/6*d.* (Postage and packing 1*s.* extra). These records are of a normal commercial standard, and extracts from eight of the songs are included. They are obtainable from the Medical School Office on personal application; orders by post, enclosing remittance, should be sent to "M. D. Vickers, c/o The College, Guy's Hospital."

CIVIL DEFENCE

During the Sisters' Study Days held recently one day was given to problems of the Civil Defence; the other day two parties of Sisters visited the limb fitting centre at Queen Mary's Hospital, Roehampton and the Spinal Centre at Stoke Mandeville Hospital. The visits to the special hospitals were very stimulating.

For Civil Defence the Matron had invited lecturers from the Staff College at Sunningdale and their lectures were much appreciated:—

Introduction on *Hospital Planning in Civil Defence* by H. L. Glyn Hughes, *C.B.E., D.S.O.*, M.C., M.R.C.S., L.R.C.P.

The Effects of Nuclear Weapons—E. C. Allen, M.Sc.

Radiation Syndrome—Sir Claude Frankau, *C.B.E.*, D.S.O., M.S., F.R.C.S.

Welfare—Mrs. P. M. A. Hamilton, *M.B.E.*, who used a ground map of the county to show arrangements for evacuation from a large area.

The lectures were followed by a demonstration in the gymnasium of the Physiotherapy department given by a Mobile First Aid Unit from Orpington, Kent, under the direction of Dr. E. C. Dawson. A 1st Aid Station was set up and the casualties (members of the Casualties' Union) were dealt with most effectively.

The Sisters very much appreciated the lectures and demonstrations from the experts in their various subjects.

OBITUARY

WILLIAM MORTON ROBSON, M.D., F.R.C.P.

We record with regret the death of Dr. Robson who died at the age of 77 at his home in Northampton on 10th May. He was born in the county of Durham and qualified at Guy's in 1901 taking the M.D. (with Gold Medal) in 1905 and the M.R.C.P. in the same year. At that time he was appointed Honorary Assistant Physician in charge of the Electrical Department at the Northampton General Hospital and in ensuing years became Senior Physician to that hospital and an influential figure, both in professional and in administrative circles. In 1920 he was elected F.R.C.P. He was concerned in the foundation of Creaton Sanatorium and was an architect of the scheme evolved there whereby ex-tuberculous patients received nursing training and many indeed held posts at their training school. He was a keen sportsman and will be greatly missed by his colleagues and friends in the Northampton district. To his wife and daughter we offer our sincere sympathy.

CLAUDE FRANCIS FOTHERGILL, M.A., M.B.

Dr. Fothergill, who died at his home in Chorley Wood, Herts. on 6th May, 1955, was born in 1878 at Tunbridge Wells. He qualified at Guy's in 1906 and settled at Chorley Wood in the following year, having been unfortunately prevented by illness from going to his chosen work with the Church Missionary Society. He had a keen interest in neurology and psychology and spent some years as a consultant in these specialities and had charge of departments in several hospitals.

Dr. Fothergill had many interests outside his profession. He was an enthusiastic organizer of the Camps and Tours Union and himself led many parties and did much lecturing on behalf of this organization. He was in addition an experienced mountaineer and a member of the Alpine Club. We offer to his wife and family our deepest sympathy.

Thirty Years Ago

From Guy's Hospital Gazette, 6th June, 1925.

There are always men to put their enthusiasm and physical energy to the noble task of keeping the Inter-Hospital and University Cups in the College smoking-room, and there are always men who tell each other with great feeling that something must be done about it, whenever a cup is lost. Here, then, comes the seeming paradox, for from such a large sporting hospital, less than five per cent. of the students travelled to Honor Oak Park on a perfect afternoon to witness their own athletic sports. That is so very strange as to be *almost* surprising. The Staff were there in large numbers, so were the friends and relations of the competitors, but of the students there were perhaps forty. There were actually more of them at Putney for the boat races than there were at Honor Oak Park for the sports, yet even there they were well outnumbered by the Staff. How does this happen in such a "sporting hospital"? Have all the sporting members grown up and joined the Staff? If so, it behoves the ambitious to be sporting.

(*The Hospital had just won the senior and junior Inter-Hospital Boat Races and the University Sports Cup.*)

Sixty Years Ago

From Guy's Hospital Gazette, 8th June, 1895.

The Annual Report on the Sanitary Condition of the Parish of St. George-the-Martyr, Southwark, for the year 1895, by Dr. Waldo, Medical Officer of Health, has reached us . . . In 1893, he informs us—and the announcement will be received with some concern—that 31 cases of smallpox were referred, directly or indirectly, to the Blackfriars Army Shelter,* and that the overcrowding is simply disgraceful. It sounds incredible, but such are the facts—that whereas in general hospitals each adult patient is allowed 1200 cubic feet of space, in the army shelter, adults are herded together to such an extent that each is allowed but 90 cubic feet! In spite of the fact that this state of things is continually being pointed out by zealous and capable medical officers there appears to be no legal authority to supervise and regulate the proper control of "these philanthropic and semi-philanthropic shelters," and Dr. Waldo does not too emphatically protest against this ridiculous condition of affairs as "a standing menace to the public safety."

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* *This was the Salvation Army shelter in Southwark Street.*

EXPERIMENTAL KWASHIORKOR

By IAN MACDONALD, Ph.D., M.B., B.S., D.R.C.O.G.
Department of Physiology, Guy's Hospital

KNOWLEDGE that the composition of the diet can exert a marked effect on the function and structure of the liver is not new. The cirrhosis of the alcoholic is an extreme example of influence of diet on liver architecture. In recent years, however, there has been an increasing number of reports from tropical areas of children with hepatic lesions who have a reduced rate of growth associated with a history of malnutrition. In some cases the black hair of the child became reddish in colour and Williams, C. D. (1935) who first described the condition, appellated the disease with the native word "Kwashiorkor". The clinical and pathological findings of this condition may vary, but always underlying the variation is seen a child who is obviously malnourished and underdeveloped and suffering from some degree of hepatic fibrosis (Trowell, H. C., Davies, J. N. P. and Dean, R. F. A., 1954, *Kwashiorkor* ~~*in East Africa;*~~ Walters, J. H. and Waterlow, J. C., 1954, *Fibrosis of the Liver in West African Children*). Untreated the child may die or possibly survive with a liver containing a high proportion of fibrous tissue. The ætiology of this condition is not known, but as there is always a history of a deficient diet, and as the successful treatment consists in giving proteins such as skimmed milk, it is presumed that some dietetic deficiency is responsible. The exact nature of the deficiency is thought to be protein, especially animal protein.

This lesion, seen in the children of the tropics, had never been produced by dietary means in experimental animals and therefore any clues leading to the rapid solution of the ætiology of this condition could not be expected. It was noticed that while carrying out test-meals on rabbits in which it was necessary to give the animals a diet which was water soluble, to facilitate washing out the stomach, that the experimental animals all died following a gradual but progressive loss of weight. Post-mortem examination revealed muscular wasting, no depot fat, often ascites and a liver with an irregular surface, which felt harder than normal when sectioned and showed varying degrees of fibrosis. In a very few animals the fur appeared to take on a ginger tinge.

Diet.

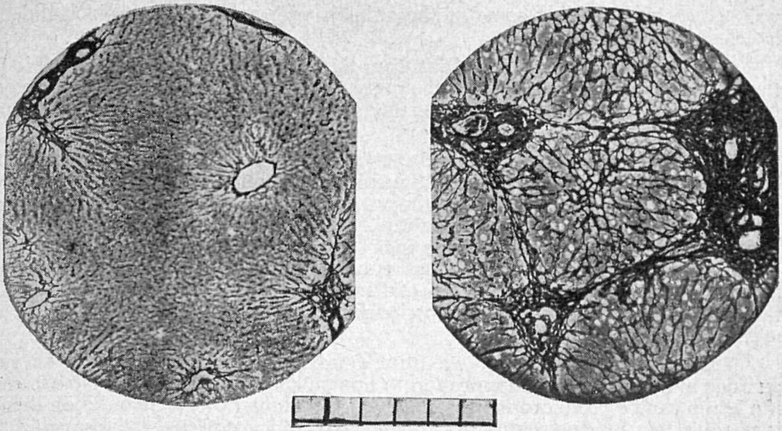
The diet received by these animals consisted of:

Casein hydrolysate	13.6%
Sucrose	81.4%
Salts (inorganic constituents)	5.0%

Approximately 10G. dried yeast (to supply vitamins of the B Group) and 40,000 I.U. of Vitamin A and 6,000 I.U. of vitamin D were added daily. No ascorbic acid was added as rabbits do not require this vitamin. When it was seen that the animals died three months after commencing this diet, it was considered that the cause might be a low consumption of protein. So, another diet was devised in which the protein content, as casein hydrolysate, was raised to 31.7% at the expense of the sucrose. It was to be discovered later that this extra protein did not fundamentally alter the pathological picture and the animals still lost weight and died after three months on the diet.

Histology of the liver.

Following the frequent discovery of ascites and the marked hob-nail liver seen in one of the animals, the microscopic structure of the liver was examined. This revealed a fibrosis spreading out from the portal tracts around the periphery of the liver lobule so that in the later stages the portal triads became joined and the lobule surrounded by a sheath of fibrous tissue. In some livers fibrosis was also seen commencing around the central vein, but this was never so marked as the periportal fibrosis. The presence of fat in the liver was seen in many sections but was not usually a striking feature. When present the fat was seen in that part of the lobule mid-way between the periphery and the central vein. It seemed therefore that the fibrosis was not a direct consequence of the fatty change. The microscope also revealed that the liver parenchyma had undergone changes apart from the accumulation of fat. In some animals the cells had the "moth-eaten" appearance



On the left a section of the liver of a normal rabbit, on the right a section of the liver of a rabbit on the experimental diet showing excessive reticulin formation around the portal triads.

(*Stained by Gomori's stain for reticulin.* 1 *division of scale*—0.1 *mm.*)

seen so typically in the glycogen diseases, while in others less marked changes were noticed. Many of the liver sinusoids of the animals having the diet with 31.7% protein appeared to be dilated in the centri-lobular region and it could be seen in some of these that the endothelial lining of the sinusoid had been "lifted off" the parenchyma cells by a pink staining (H. and E. stain) "exudate".

Discussion.

The comparison of this liver pathology with that described by Trowell *et al.* (1954) in Kwashiorkor shows that the distribution of the fibrosis is similar, whereas the fat in the liver in Kwashiorkor is periportal and not mid-zonal and spreads towards the central vein. Also in the human disease the amount of fat is usually much greater than is seen in these experimental animals. The histological picture of the fibrous tissue reaction, be it reticulin, collagen or frank fibrous tissue, seems to be very similar to that described by Walters and Waterlow (1954) in malnourished children in the Gambia. They also found very little fat in the liver. The dilatation of the sinusoids by an "exudate" has been described in the livers of malnourished children in Jamaica (Hill, K. R., Rhodes, K., Stafford, J. L. and Aub, R. 1953). This condition is thought to lead on to a fibrous reaction along the sinusoids and to be the early stages of a condition of the liver described by Bras, G., Jelliffe, D. B. and Stuart, K. L. (1954) in which the lumen of the central veins of the liver became obliterated.

It seems therefore that the pathological picture of the liver in the experimental rabbits had features in common with Kwashiorkor and other related conditions found in malnourished children in tropical countries. One suggested cause of the human disease is deficiency of protein, especially animal protein. Do these experiments support this suggestion? The protein intake of many of the rabbits was measured but as the nitrogen balance experiments have not yet been completed it is not possible to state if the protein intake was adequate. The large amounts of protein consumed, especially by those animals on the diet with 31.7% protein do not appear to support the concept of protein inadequacy unless it be that the protein consumed is not absorbed from the gut. The negligible difference in pathological history and findings between the animals on different protein diets does not suggest any simple relationship to dietary protein.

Another possible explanation for these experimental liver lesions may lie in a deficiency of lipotropic substances in the diet. These substances (principally choline and methionine) were shown to be necessary for the prevention of fatty livers in rats, but their use in human fatty liver disease (Waterlow 1948) has been disappointing. That these rabbits were not suffering from a deficiency of lipotropic factors was shown by providing some of the animals with extra choline which did not interfere with the pathology.

Can it be that the absence of fat from the diet is in some way responsible for the changes leading to cirrhosis in the rabbit? This question cannot be answered, but all previous work has shown that the higher the level of fat intake the greater the amount of fat in the liver.

Finally, it is of interest to note that the vast amount of experimental work that has been done on diet and its constituents in relation to liver disease, has been performed using the rat as the experimental animal, and as has already been seen the application to man of some of these findings has been disappointing. Rats, which have received the same diet as the rabbits, for almost a year, show no signs of malnutrition. Furthermore, it has only been possible to produce by dietary means lesions in the central region of the lobule of the rat's liver, whereas the rabbit has been made to produce periportal changes, and these histologically are more similar to human disease.

The conclusions to be drawn from animal work must necessarily be very guarded and may have no application to human clinical conditions. Nevertheless if a lesion can be produced in an animal which is similar to a human lesion then it is possible that by discovering some manoeuvre which prevents the disease in the animal, a clue may be found which will assist in the elucidation of the comparable human condition. The work on these rabbits is only commencing. A lesion, not produced before in animals and similar to a human disease, can be inflicted on the rabbit's liver. The problem of the ætiology and thereby the prevention of this lesion must now be tackled.

I am grateful to Dr. G. A. Thomas for the photomicrographs and for histological advice. I also wish to thank Mr. J. P. B. Stean for his technical assistance.

This work was done with the help of a Government Grant awarded by the Royal Society.

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VILLANELLE

"Stop the bleeding! Let out pus!"
Thus singing, let us gladly yield
A cock to Aesculapius!

Than these, though White-coats twit and fuss,
No sounder precepts yet revealed:
Stop the bleeding. Let out pus.

Though rapier, not the blunderbus,
Be now the weapon we must wield,
A cock to Aesculapius!

Though Science open up for us
Vista on vista, field on field,
Stop the bleeding, let out pus!

Though physic now vouchsafed to us
Heal better than the Ancients healed,
A cock to Aesculapius!

Two laws as yet stay unrepealed,
Two principles remain to us:
Stop the bleeding! Let out pus!
A cock to Aesculapius!

P. J. E. Wilson.

A WEEK AT FORT RAE, NORTHWEST TERRITORIES, CANADA, 1949

By E. O. HÖHN

DURING the 1949 summer vacation of the University of Alberta, I worked as a temporary medical officer of the Indian (and Eskimo) Health Service of the Canadian Federal Government. In mid-May I went by Canadian Pacific Airways to Ft. Resolution on the south shore of Great Slave Lake. Here the Indian Health Service maintains a doctor who at that time was also the Indian Agent, and who covered in both capacities a huge area around the eastern two-thirds of Great Slave Lake; the lake is about 250 miles long from west to east as the crow flies. After staying for about three weeks at Resolution to pick up the ropes of the Service, I was to be transferred across the lake to Ft. Rae, not far from the gold mining town of Yellowknife. There I was to spend the rest of the summer, receiving advice and direction where necessary by radio from the doctor at Ft. Resolution. As the sequel will show instead of staying at Ft. Rae, I was transferred beyond the Arctic circle to Aklavik.

Ft. Rae is the headquarters, i.e., the trading, police and mission post for the Dogrib Indians. They have numbered about 700 over the last thirty years or so and competent ethnologists estimate that the tribe did not exceed double that number when the first white men arrived among them. The tribal name, *dene thlin tshong*, in their own language literally meaning people of the dog flank, is explained by an interesting legend of their origin. It was recorded with many others about 1850 by one of the first Catholic missionaries and explorers of the Great Slave Lake area. Briefly the legend states that two brothers, Yellowknife Indians (like the Dogribs a subtribe of the Chipeweyans) were summering with a sister of marriageable age on the shore of Great Bear Lake on about the northern edge of the present Dogrib hunting grounds. One day a strange young man of prepossessing appearance and manners appeared. He was, according to normal custom, hospitably entertained for some days. Shortly, the brothers, after a private discussion, offered their sister in marriage to the stranger, who readily accepted. After the wedding ceremony and no doubt an ample meal the newlyweds retired into the back of the tent to sleep, while the two brothers settled down to rest near the entrance of the tent. During the night they were awakened repeatedly by sounds from the back of the tent, sounds which suggested that a sizable dog was crunching and licking bones there. When their shouts led to only a temporary cessation of the noises, one of the brothers on the next occasion took up his (stone) tomahawk and hurled it in the direction of the noise. A great yelp was heard and then no more. In the morning the brothers found beside their sister, who must have been a sound sleeper, the corpse of a magnificent black dog. They decided the bridegroom must have been some sort of a spirit, possibly benign, possibly malignant, who could assume human and dog form. In due course their sister revealed signs of pregnancy and the brothers, doubtful of the nature of her late husband, decided to banish her from the vicinity. The young woman managed to eke out a precarious living during the summer on the barren grounds, i.e., beyond the tree line and in due course gave birth to a litter of pups. Apparently her maternal instinct was well developed for she cared for the pups as best she could, even making a papoose cradle, a sacklike affair, to carry them on her back or to hang up for them to sleep in. Her tenderness was rewarded, for after a while she discovered that the pups, when in the cradle, changed into normal babies, only to become pups again when she let them crawl out of it. She therefore collected as many as she could of the pups (some ran away too far), put them in the cradle and tied it up. As before they became babies again and being kept in the cradle long enough remained so. From these infants, fathered by a supernatural man-dog and the Yellowknife Indian, the Dogribs are descended.

This legend struck me as being about as plausible as the formation of woman from one of Adam's ribs as told in Genesis. Further, as the dog was and still is the only domestic animal of our northern Indians, used as a pack animal in summer and for pulling toboggans or sleds for the remaining seven months of the year, its high place in the tribal mythology is quite apt. Dogs are still regarded as something special by the present day Dogribs, although they underfeed them in summer when the dogs are not worked much, like most Indians, they will not kill a sick dog themselves, but, as I was informed by the police at Rae, bring it to them to dispatch.

Expecting to live in the "town" of the Dogribs for about three months I took daily lessons in their language from a Dogrib-French Canadian halfbreed who was convalescing in the hospital at Ft. Resolution. He also spoke English as well as French. This Pascal Smith and other breeds like him are the only permanent native inhabitants of Ft. Rae. The other families who speak only their own language visit the post for a day or so to sell their furs at the Hudson's Bay Company store and for about a month in the summer for the annual payment of their treaty money ($10.00 for each family head and $5.00 for every other individual).

From Pascal I soon gathered that Dogrib has a regular but complex grammar made worse by the existence of a dual form. There is not merely a first person singular and plural, I and we, but also the dual, the two of us, two of you and two of them, requiring distinctive verbal endings. On the other hand it was reassuring to find that Dogrib was merely a dialect of Chipeweyan, the language of a tribe of the same name which occupies a large area from Hudson's Bay westward into Northern Alberta and the south shore of Great Slave Lake.

On 5th June, a windy, dull day, the eagerly awaited float plane arrived to take me, Pascal Smith, now recovered, and three other patients to Ft. Rae. The lake was, generally speaking, still ice-covered apart from a marginal zone 1-200 yards wide but the ice was broken into floes which looked from above like pieces of a white jig-saw puzzle on a black background. As soon as we had gained about 2,800 feet the opposite shore of the lake came into view. This was of interest to me as it indicated that migrating birds could fairly readily find their way across this lake by nothing more mysterious than visual navigation. After half an hour we could make out smoke coming from buildings in Yellowknife and soon Ft. Rae itself appeared.

While the south shore of Great Slave Lake is quite pleasant country the north shore is part of the great Canadian shield of granite. This contains what I am sure is some of the world's most dismal scenery ; masses of gloomy rock with a sprinkling of stunted trees with lakes and rivers filling in the bigger depressions. Ft. Rae stands on a finger-like projection of this rock which points into the northern arm of Great Slave Lake. From the air it looked quite like a toy village with its neat white church and hospital (about 40 beds) standing out prominently. We circled twice, banking pretty steeply, then landed a little southwest of the village and taxied right up the channel which bisects the point on which the village stands. As we came in, a sizable motor launch set out to meet us. With my binoculars I made out three tall missionaries with flowing beards and an undersized lay brother. However, they merely circled us and went back to the landing stage. The explanation was that the religious community at Rae was eagerly expecting a visit from the Mother General of the nuns (grey nuns) who staffed the hospital. A close look at our plane told them they were getting more ordinary visitors, whom it was not their duty to disembark. We were instead taken off in a canoe by the two policemen of the place. The fathers were there to greet us. When it was found that I could talk French they swept me off to the hospital in great glee where I was given a room and where I had my meals with the missionaries.

As the grey nuns are almost all from Quebec I found my French again very useful and conducted all my hospital work in that language. The great scourge of all northern Canadian natives nowadays is TB; the ravages of the acute infections and of the first acquaintance with alcohol have on the whole been successfully overcome. There are also indications that among the more southern tribes who have been exposed to "us" longer a greater resistance to TB has developed while, simultaneously, the Government has in the last ten years set up a much more efficient health service mainly concerned at present with TB treatment. The American Indians are therefore by no means a doomed race as I used to believe before coming to Canada but have in fact already turned the corner and are starting to increase again.

The Indians of the territories, more primitive than those of the west coast, the prairies and of eastern Canada, had no definite system of leadership. So that the appointment of chiefs and subchiefs or councillors was actually introduced to them by the fur traders. On my first full day at Rae I received a message from

Chief Bruno that he would like to see me. We met in the afternoon with Pascal as interpreter. Bruno was a wizened little man of about 65 years wearing an old cloth cap and an ordinary second-hand looking suit. As there was now a little thin sunshine we sat down on some rocks "enjoying" a southerly breeze which, coming over 80 miles or so of lake ice, was by no means warm. His problems were all very interesting but all outside my sphere since I was not like the doctor at Resolution, also Indian Agent. He pointed out that a day school (such as had been set up that year) was not what they really wanted as many of the families were most of the time far away from Ft. Rae on their trapping or hunting grounds; a residential school was what they hoped for. He had many grudges about hunting regulations. According to his own memory or what his father had told him, the treaty between the Dogribs and the Government had expressly stated that their hunting rights were to go on unchanged "as long as the sun rises and sets and the waters run". Probably he was telling the truth as, at the time of the treaty, it is unlikely that the present need for closed seasons and limits on numbers of fur bearers to be killed per season could have been foreseen. Now there were all sorts of restrictions which moreover changed from year to year. Particularly they wanted to be allowed to kill more marten, which has the highest priced fur of the animals in their area. I could only explain that I was the sort of doctor who only dealt with sickness, but we parted friends.

Bruno's niece was in the hospital with pulmonary TB. My main therapy when seeing her on my daily round was to say "Ga ti a na nedsha ni?" Are you better today? a phrase which has become quite fixed in my memory and which always produced an affirmative grunt, a big smile and a nod. She had to add the nod as the Dogrib yes, "ung", always suggested a no to me.

The second day was beautiful; as I wandered about the village before breakfast white crowned sparrows gave their slightly melancholy song, ravens and crows were looking the refuse over and on the lake I could watch red breasted mergansers. I also noted a canoe with an old man and an old woman who was tightly wrapped up in her shawl, coming round a rocky point. Only much later did I discover that the old lady had come to have a bad tooth seen to. I had been forewarned that there would be much tooth pulling to do so I was prepared with dental instruments, a book of directions for block anæsthesia and the other necessaries. The old woman's tooth was therefore readily extracted but I was not prepared for the degree of gratitude she showed, for she seized my hand and kissed it declaring through an interpreter that she loved me ; I replied that I felt just the same way about her.

The next day I was taken by the policemen in their motor canoe to visit a typical Dogrib family on a headland some eight miles away. They lived in a store-bought canvas tent which was floored with spruce boughs. These are renewed quite often and of course help to keep the place clean and counteract smells to a considerable degree. Bannocks were prepared in the little iron stove which also heats the tent and these with some sun-dried fish and tea made quite an acceptable meal.

On another day I was taken out on the lake to hunt ducks in a rather cranky canoe manned by two young halfbreeds. They wore what might be described as the present day Dogrib costume which is certainly more distinctive than the everyday wear of most other Indians I've seen. It consists of a cloth cap, a zippered parka with fur trim round the hood, wrists and hem, and a broad band of bright embroidery down the front along the zipper. The patterns are flowers and were obviously acquired by the seamstresses from the teaching of the nuns. Round each upper arm runs a band of fringed red tassels. With this are worn ordinary trousers, mocassins coming halfway up the leg, and for boating at least, rubber galoshes as overshoes. The canoes in use nowadays are store-bought and have an outboard motor, in fact the unmistakable hum of a kicker (O.6 motor) is perhaps the most characteristic sound of the Canadian north in the summer. In them sits the modern lord of the wilderness, a shotgun at his side, a small calibre rifle leaning in the bow, zooming along while rolling a cigarette apparently with never a care in the world.

The same day a telegram informed me that the doctor at Aklavik was unexpectedly leaving his post and I was invited to take over there on my own for the rest of the summer.

My reaction was "the farther north the better", so I accepted immediately and was taken off by another float plane exactly a week after my arrival at Ft. Rae.

CORRESPONDENCE

Letters to the Editor of the Gazette

Passim and Winking Lights

From Dr. David Stafford-Clark

SIR,—Like the youthful Benjamin Franklin, who rashly flew his kite into the heart of the threatening clouds, I expected to draw down the lightening; and indeed I have. As a professed admirer of brilliance in any form I cannot complain at *Passim's* riposte; but perhaps I might be permitted to return the somewhat wildly aimed thunderbolt from Dr. Davies.

As a driver with a mere fifty per cent of his experience, including a tolerable amount of night driving, before and since the war, I would agree that it is a responsible business; but not necessarily overwhelmingly arduous. Possibly his aggravation over winking lights, no less than my unrepentant appreciation of them, lurks, like beauty, in the eye of the beholder. May I perhaps lessen such aggravation by thanking him cordially for taking my bait, hook, line, and sinker?

Yours, etc.,
D. STAFFORD-CLARK.

Guy's Hospital,
London, S.E.1.

Two Postgraduate Courses at Guy's

SIR,—Very little has been said about the two Postgraduate courses, one arranged by Dr. W. N. Mann and the other by Dr. P. R. Evans, which took place at Guy's recently. The remarkable burst of energy which prompted me to attend these two events was well rewarded. I was surprised at the small proportion of Guy's men in the audience, particularly at the Pædiatric Course. From the others one heard nothing but praise for Guy's itself, the friendliness and hospitality, and, above all, the readiness of the Staff to enter into discussion and the interest shewn in other practitioners' experience and opinions.

The value of meeting consultants in this way is incalculable and, I think, everyone present looked forward to further similar opportunities in the future. We hoped that in giving up their time to remind us of things we should not have forgotten and to teach us something new, these members of the Guy's Staff would feel that they had done a job worth while. We were most grateful.

Yours, etc.,
COUNTRY PRACTITIONER

Surrey.

Overseas Doctors

SIR,—I am not able to comment on the main theme of your notes in *Passim* (*Gazette*, 2nd April, 1955), but I take exception to the implication that only those practitioners should go overseas whom the profession at home can well afford to lose.

Britain has accepted responsibility for the welfare of a number of overseas territories. Not least of her obligations is provision of health and medical educational services in these lands. Progress of overseas territories has lead to slackening in demand for British staff, but a liability still exists. If this liability is to be honoured it is necessary for the profession at home to produce a continued supply of promising young men and women for service overseas.

Yours, etc.,
HARRY RICHARDS.

Tema Development Corporation,
Private Post Bag,
Accra, Gold Coast.

Vocal Physiology and Acoustics

SIR,—As a laryngologist who is particularly concerned with singers' and actors' voice troubles, the correspondence on vocal physiology and acoustics has interested me.

My own tentative conclusions may be tabulated as follows:—

Bellows produce a moving column of air which *Vibrators* (vocal cords—really reeds) cause to be set into rapid vibration. *Resonators* increase the vibratory amplitude and augment certain overtones (harmonics).

The resulting complex Tone has three attributes:
Intensity depending on vibratory *amplitude.*
Pitch depending on vibratory *rate.*
Quality or Timbre depending on *overtone structure.*

FACTORS AFFECTING LARYNX TONE

1. FUNDAMENTAL PITCH depends on:
   - (*a*) *Length* of vibrating parts of cords, which may be diminished by
     - i. Arytenoid stop-closure by arytenoideus.
     - ii. Sphincteric action of lateral cricoarytenoids.
   - (*b*) *Mass* of vibrating parts of cords, which may be diminished by
     - i. Thinning of cordal edges by thyroarytenoids.
     - ii. Less breadth of cords actually vibrating.
   - (*c*) *Resistance* (*stiffness*) of vibrating parts of cords which may be increased by
     - i. Firming of contained thyroarytenoid muscle components.
     - ii. Antero-posterior stretching (tensing) by cricothyroids and ? by cricopharyngeus and thyroarytenoids.
     - iii. Contraction of sphincteric (adductor) muscles.
     - iv. Breath-pressure increase (? because elasticity increases with greater displacement).
   - (*d*) *Specific gravity* of cordal tissues (varies with age and health).
   - (*e*) ? change in opening, closing and shut *phase-relationships* and in width of *glottic chink.*
2. INTENSITY depends on:
   Amplitude of cord vibration, which depends on breath pressure (chest, diaphragm and abdominal muscles plus lungs and air-tubes).
3. TIMBRE depends on *overtone structure* determined by:
   - (*a*) *Segmental vibration* of cords (manner uncertain).
   - (*b*) *Vibrato variation* of pitch and intensity (? by rapid fluctuation of muscle contractions).
   - (*c*) ? ? Asynchronous cordal vibration.
   - (*d*) ? ? Aeolian or edge tones, and combination or difference tones.
   - (*e*) ? ? other vibratory structures such as epiglottis or false cords.

FACTORS MODIFYING LARYNX TONE INTO SUNG OR SPOKEN TONE

1. FUNDAMENTAL PITCH
   Possibly affected by changes in pharyngeal and mouth resonators and especially by raising, lowering or tilting of larynx by extrinsic muscles.
2. INTENSITY is increased by:
   - (*a*) *Resonators* (especially pharynx and mouth). Probably most efficient when mouth cavity and labial opening are large and pharynx walls moderately tense, but unconstricted.
   - (*b*) ? Horn or megaphone effect of lips.
3. TIMBRE modified by:
   - (*a*) *Resonators* (especially pharynx and mouth) selectively augmenting certain harmonic partials by reason of their size, shape, dimensions, orifices and consistency of walls, controlled by constrictors, tongue, fauces, cheek, lips and lower jaw.
     Soft-palate action cuts in or out the naso-pharynx.
     Extrinsic laryngeal muscles raise, lower or tilt larynx, thus changing hypopharyngeal shape and dimensions.
   - (*b*) ? effect of resonator *surfaces.*
   - (*c*) ? a *vibrato variation* as a result of fluctuation in resonator setting.

FACTORS AFFECTING PRODUCTION OF A SERIES OF TONES TO FORM A SUNG OR SPOKEN PHRASE

1. VOWEL SOUNDS

Are related to *timbre*, and each depends on the augmentation of two or three particular partials (overtones, harmonics).

2. CONSONANTS

Are produced by *interruption of the air-stream* by interposition in various ways of palate, tongue, teeth and lips.

3. FLEXIBILITY and SMOOTHNESS of TRANSITION in changes of pitch, intensity, timbre and tempo—including changing vowel and consonant sounds (*Rhythm*, *cadence* and *articulation*).

As Mr. Willmore says, "the processes of phonation are very complex"! We have, as yet, very little knowledge of the relative importance of the various factors I have mentioned. Those interested may find a brief discussion, with references to sources of evidence, in my book *The Singer's and Actor's Throat*, (Heinemann 1952), and I hope to discuss the subject at greater length in the future.

The mistake most people make—whether scientists, singers or teachers—is to consider one or two of the many factors *alone*, ignoring other changes that may be occurring. For example, it is useless to discuss the relationship of "cordal tension" to pitch, unless we take into account possible concurrent changes in cordal vibrating length, thickness and breadth—even if respiratory and resonator actions remain constant. And the "cordal tension" ("firmness" is a better word) depends on the actions of at least three groups of muscles.

How much value knowledge of this kind may be to singers, or to singing-teachers and speech-therapists, is still a matter of opinion. I maintain an open mind, but I have frequently met cases where singers' and actors' difficulties could be related to anatomical, physiological, physical and acoustical factors concerning the vocal mechanism. But as Mr. Willmore implies, singing and speaking requires more of art (and personality) than science from the performer, although some scientific understanding of the vocal mechanism should guide his teachers and advisers.

Yours, etc.,

NORMAN A. PUNT.

51, Harley Street, W.1.

Nineties Club

SIR,—Will you once again very kindly enable me to inform the "Elder Brethren" among your readers that the Annual Dinner of the Guy's Nineties Club will take place this year on 15th June, at the Trocadero Restaurant.

Last year twenty assembled and it was a most happy occasion with many renewals of the friendships of long ago. Will anyone to whom the idea appeals and who would like to join us, kindly inform me at the address below.

Yours, etc.,

H. W. BRUCE.

West Kent Hotel,
Bickley, Kent.

Dental Care for Students

SIR,—Many students at this Hospital are forced to receive dental treatment elsewhere. This is because of the long delay between registering and receiving attention, and the large amount of time which needs to be devoted to receiving conservative treatment.

I think it is shameful that a Hospital with such an excellent Dental School as ours should not make its expert treatment more readily available to Medical Students. I am therefore taking this opportunity of registering my plea for the formation of a Students' Dental Health Service, and hope that those concerned will remedy the defect as soon as possible.

Yours, etc.,

J. A. MATHEWS.

Guy's Hospital,
London, S.E.1.

Dental Self-protection

SIR,—Now that anthropological circles have definitely decided that an orang-outang lay behind the mandible of Piltdown Man, I can see even deeper truths in the axiom, "Behind every tooth lies a patient".

I do not suggest to my fellow dental practitioners that it necessarily follows their waiting rooms hold any connection with the "Barbary Coast", though I agree that falsely stained teeth are often met in mandibles belonging to very artful forgeries of the cosmetic world. No, an orang-outang without hair might be preferable as a patient to Mrs. X with her wish for a plastic nineteen year old smile in half century jaws, but unfortunately Mrs. X is the more likely occupant of your dental chair.

I like to think that it was not long ago since first I watched that amazing optical illusion, the dramatic disappearance of a patient's head from sight under the vibration of a No. 12 Rosehead burr. I like to remember as only yesterday the humanitarian feelings that prompted the fanning away of the cavity steam from before the patient's eye. Yet, because I realise what I missed in the lack of a department of Preventive Dental Medicine in my day at Guy's, may I appeal through your columns to the modern dental student for the formation of an even more necessary branch of dental science, Protective Dental Medicine.

The "Protective" should, of course, be governed by the all important word "Self". For it was self-protection in the dental field I lacked. When I left Guy's, I could have surprised the curator of the Aden Museum by telling him the exact dentition of his "Mermaids", but no one warned me about that Dresden China figure. That breath of little old England, the sweet tiny ancient lady in black with a Madame Tussauds of fruit covering her curls. I was completely deceived by the kindly smile, those gentle eyes that timidly peeped at me over the gold-rimmed spectacles.

My "milk of human kindness" remained uncurdled even at those fatal words, "I don't want to cause you any trouble but——", when the prim, erect little soul settled herself into the seat of my surgery chair. No, Ladies and Gentlemen, it isn't until that brown paper bag appears with its unfathomable bottom of denture sets that you realise how you have been trapped. Two hours later when the eighty-ninth set is placed before your limp vision, and the surf of sound still rolls about your head, "——In 1922 Mr. So and So made these for me." "He was such a kind man". "I suppose you never met him, a pity, for now I always wish I had sent him his fee.——" When your receptionist has just told you your last remaining private patient, unable to wait longer, has departed in her Rolls for the door of your colleague down the street, you will realise the value of this letter.

At those words, "I don't want to cause you any trouble but——", act. By "act" I mean with full dictionary force. Go into the whole routine that completely slayed the neighbours last Christmas. Your "party piece", the man trying to light a cigarette while suffering from advanced D.T.s. Then while you lie frothing on the floor, all the Garrick or Bernhardt in you spent, if, while waiting for the imaginary curtain to drop, you find that apologetic figure still framed by your surgery door, whip your protesting muscles into further activity. Leap up and armed with the largest vulcanite burr, holding the drill in both hands, mime an attack on a patient.

Now in this mock attack be a credit to your old bayonet instructor. Be prompted by the memory of his voice—"Go on, get stuck into 'em." "You're doing 'em 'orrible h'ugly h'injuries," "For Gawd's sake! Your mother's done all she can to 'elp yer". "Look 'orrible and h'ugly you miserable lot of flaming perishers". Remember it is your acting alone which can save you. Just picture your children with their begging bowls if your performance flags. For I warn you once the brown paper bag appears your whole morning will be spent earning four shillings and sixpence gross, minus sevenpence halfpenny; for this is the fee the National Health Service will pay you, and the "apologetic type" never arrive the "private way". The sevenpence halfpenny is postage. A form to the Dental Board requesting approval of work to be done, a letter to the Dental Board asserting the correctness of the patient's National Health Service number they have queried (well, it makes for full employment) and finally the first form returned claiming the examination fee already mentioned. This is all the remuneration you will probably be entitled to claim when, at the sixth visit, the same patient decides she will stick to the set Mr. So and So made her with denture adhesive and make them do.

I have cited only one case, there are hundreds. Yes, even that patient who will stand on his head in your dental chair and complain most bitterly that in this position the full lower denture you made him feels loose. I would like to quote more, but I hope, having whetted the appetite of the present day dental student, he or she will cry out for a department of Self Protective Dental Medicine.

Needless to say, Ladies and Gentlemen, I am always open to the offer of "The Chair" in this department. I flatter myself I should make a good Professor. To be honest my children's begging bowls are wearing a little thin, and playing the "Boards" as the theatrical profession might say, in the dental world is hard Sir, very hard.

Yours, etc.,

Weston-Super-Mare. L.D.S.

MOUNTAINEERING CLUB

A General Meeting of the Club was held on Thursday, 12th May, 1955, when Dr. E. J. Moynahan was in the chair. Some 15 members attended and Professor W. E. Herbert was elected Vice President of the Club. The Meeting discussed future activities and the programme provisionally arranged for the near future. This includes a sandstone climbing meet in Sussex, a weekend in the Lake District (unfortunately postponed due to the strike), and a summer meet which, we hope, will be held in the Highlands.

REVIEWS

Medical Problems of Old Age. By A. N. EXTON-SMITH, M.A., M.D., M.R.C.P. Bristol, John Wright and Sons, *Price* 30*s*.

"Old fond eyes, beweep this cause again, I'll pluck ye out." *King Lear* shows Shakespeare's sense of the piteousness of old age, *Hamlet* of its grotesqueness. "For the satirical rogue says here that old men have grey beards, that their faces are wrinkled, their eyes purging thick amber and plum-tree gum and that they have a plentiful lack of wit, together with most weak hams." Quoting there from Juvenal's tenth satire, Shakespeare contradicts the notion of some of his biographers that he was simply an inspired ignoramus and shows himself a knowledgable man. Dr. Johnson too based upon this satire his *Vanity of Human Wishes*. "Da spatium vitae, multos da, Juppiter, annos." To these great men of the past that is a prayer that recoils upon the petitioner; yet for all their eloquence the number of the aged about us is now continually on the increase, and it is you and I, sir, who in defiance of their wisdom have brought this thing about. In achieving an immense improvement in the health of the young and the mature, in attenuating some diseases and in abolishing others we have been unable to avoid the contingency of manufacturing old age as a by-product. It behoves us therefore to do what we can to ameliorate the lot of these superannuated veterans of our own creation, and here is Dr. Exton-Smith to tell us how it can be done. It is his great merit that he directs attention to the patient; and when, having detached your mind from tables and graphs and manufacturers' brochures and scientific results obtained behind the scenes, you have studied his observations, you will agree that the reactions of the body in old age differ just as much from those of maturity as do the reactions of childhood and are as worthy of attention; but there is this difference, that though childhood is still considered an affair for specialists, old age is everybody's business now: everybody therefore ought to make himself acquainted with the subject. Another merit of the book is its practicality. First you are told what use to make of your eyes, ears, hands, brains; then you are told what you can do. The print of this book is clear, the paper is substantial, the binding is as good as any you are likely to get today and there are some excellent illustrations. The style employed by the author is that of the medical *koine* of our time, about which you may make your own judgment, if you care for the art of writing, willy nilly having read enough of it to come to a conclusion. H.StH.V.

Sexual Disorders in the Male. By KENNETH WALKER, F.R.C.S. and ERIC B. STRAUSS, M.A., D.M., F.R.C.P. Fourth Edition. Cassell & Company Ltd. *Price* 18*s*. 6*d*.

There is much common sense in this book. The existence of sexual disorders in men and women is acknowledged but rarely discussed in medical schools. This volume will be of assistance to the practitioner in dealing with problems which often masquerade under the cloak of "nervous breakdowns" or as vague stories of malaise, and it emphasizes (if there should be need of that) the dual, masculine and feminine, responsibilities in a successful relationship between the sexes.

E.E.D.T.

Basic Anatomy. By G. A. G. MITCHELL D.Sc., M.D., and E. L. PATTERSON, M.D. E. and S. Livingstone Ltd. *Price* 45*s*.

According to the preface, this book is for students studying medicine and dentistry and should enable them to acquire a general knowledge of the entire body in his (or her) first term of anatomy. Its contents certainly fulfil the aim of the authors but it is doubtful whether many students can cope with the quantity of material in this book in the course of 10 weeks. It has, in addition to the usual chapters on the various systems of the body, a chapter on the history of anatomy and a glossary, both of which are welcome additions. The style is clear, if somewhat heavy at times, and the illustrations excellent, with perhaps one criticism. Should a book of this type have so many pictures of the nerve supply of the viscera? The book is fairly expensive and its price could possibly be reduced if the illustrations were decreased in number (e.g., the same picture appears on pp. 305, 320 and 330).

The reviewer, however, wishes to dispute at least one of the educational ideas put forward in the preface. How many educationalists would agree that "learning *in itself* is an essential ingredient in academic discipline" (reviewer's italics)? Surely one of the main criticisms of the teaching of anatomy, largely unjustified one may add, is that anatomists demand a sterile learning of detail which is of no value to the student. Unless one can give a good reason for teaching any particular detail of anatomy, it is the duty of the teacher to consider seriously whether it should be included in his teaching. The reasons may vary and need not be related to what a good general practitioner will know in 10 years' time.

This book can be recommended to a wide circle of readers, not only medical and dental students at the beginning of their course, but to all those other students who require a sound knowledge of the structure of the human body—radiographers, physiotherapists, nurses, etc. Perhaps a future edition can be reduced in size and also in price. J.J.

May and Worth's *Manual of Diseases of the Eye*. By T. KEITH LYLE, *C.B.E.*, M.A., M.D., M.Chir., M.R.C.P., F.R.C.S. and A. G. CROSS, M.A., M.D., F.R.C.S. 11th Edition. Baillière Tindall & Cox. *Price* 35*s*.

This well established text book has now been extensively revised by the present authors. It has been designed to cover the needs not only of the undergraduate medical student but also those who may wish to follow ophthalmology in greater detail. Various features of the nursing problems concerned will be of great interest to nurses. Throughout, the practical approach to ophthalmology is evident—the liberal provision of informative illustrations bears out the authors' contention that "visual aids to memory and understanding are exceedingly important". The coloured plates are admirably chosen though Nos. XVIII and XIX are obviously reversed, and the wrong plate is referred to on page 296 (Hæmorrhages of the Retina).

Of the subject matter there can be little but praise. In particular the simple accounts of quite intricate operations will be welcomed by the inexpert and the chapters on "Ocular manifestations of general disease" and "Ocular manifestations of injuries and diseases of the central nervous system" are particularly valuable features to the physician.

The field covered in these pages is comprehensive and the book is confidently recommended as an admirably edited and illustrated account of the aetiology, pathology and treatment of diseases of the eye. E.E.D.T.

Any Questions? Reprinted from the B.M.J. Third Series, 1954. *Price 7s. 6d.*

This most useful little volume will undoubtedly have the same enthusiastic reception as its predecessors. It is valuable to the practitioner, the house officer and the clinical student for several reasons, the most important being that it contains the answers to questions sent in by puzzled doctors who have found the standard text books to be of no avail when a problem arises in practice. The questions are all answered simply and directly by experts in the various fields of medicine. This book, like the others in the series covers every possible variety of problem with answers rich in common sense and good humour.

It is very strongly recommended and is magnificent value for 7s. 6d.—providing, as it does, some information that would not be found except by prolonged hunting through books and papers and some which is not even to be found there.

P.S.B.

Modern Surgery for Nurses. Edited by F. WILSON HARLOW. Wm. Heinemann Ltd. Third Edition 1954. *Price 27s. 6d.*

This is a new edition of a well known textbook, covering both general and specialized surgery. Material has been added so that the new syllabus of the General Nursing Council has been covered. The book is excellently produced, the material is well set out and there are numerous illustrations, many of them new ones.

All teachers will not agree with some of the statements, for example, it is surely necessary to turn a patient with a head injury more often than 6-8 hourly. The section on burns might with advantage have been fuller, only a few lines being devoted to the exposure technique for example.

There is also some duplication, e.g., syphilis is dealt with under the heading of chronic inflammation and in a separate section on venereal disease.

As a comprehensive textbook this is one of the best and it should certainly have a place in every Nursing School library.

B.B.W.

SPORT

CRICKET

Guy's *v.* Stoics

At H.O.P. Result: Lost. 18th May, 1955

Guy's

Lipington, b. Elgie	6
Cooke, b. Elgie	47
Elsdon-Dew, b. Labuschagne	0
Gunn, c. and b. Boatfield	35
Atkinson, c. Labuschagne, b. Boatfield	28
Williams, b. Martin	14
Knight, c. and b. Boatfield	6
Bury, b. Subba Row	12
Knapman, not out	15
Willis, run out	10
Norman, st. Bromage, b. Boatfield	1
Extras	14
Total	188
Stoics for 7 wickets declared	237

Bowling	O.	M.	R.	W.
Atkinson	13	1	57	4
Cooke	15	0	63	2
Bury	6	1	28	0
Willis	10	0	64	1

Guy's *v.* Wimbledon Town

At H.O.P. Result: Won. 21st May, 1955

Guy's

Cooke, c. Briance, b. Ward	0
Knapman, c. Webb, b. Errington	4
Williams, c. Page, b. Ward	4
Atkinson, c. Webb, b. Briance	34
Enfield, st. Ward, b. Briance	12
Langman, c. Briance, b. Page	2
Morgan, c. Ward, b. Page	4
Tuddenham, l.b.w., Briance	1
Bury, b. Briance	8
Norman, c. Rogers, b. Errington	7
Willis, not out	8
Extras	8
Total	92
Wimbledon Town for 10 wickets	88

Bowling	O.	M.	R.	W.
Morgan	15.3	3	30	4
Atkinson	3	0	8	1
Bury	8	1	33	3
Cooke	3	0	7	0
Willis	1	0	2	1

Guy's *v.* Eltham Strollers

At H.O.P. Result: Won. 22nd May, 1955

Guy's

Knapman, st. Briggs, b. Davey	12
Lipington, c. Thistelston, b. Wood	12
Atkinson, c. Anderson, b. Wood	6
Gunn, c. Anderson, b. Satt	15
Willis, l.b.w., Salt	4
Williams, c. Briggs, b. Thistelton	12
Smith, D. J., c. Thistelton, b. Wood	21
Morgan, c. Grier, b. Wood	3
Lam, b. Thistelton	0
Clark, b. Thistelton	0
Bury, not out	1
Extras	4
Total	90
Eltham Strollers for 10 wickets	70

Bowling	O.	M.	R.	W.
Atkinson	11	2	19	4
Morgan	8	2	22	1
Willis	7	2	19	4
Clark	4	1	8	1

Guy's *v.* C.U.A.C.O.

At H.O.P. Result: Won. 29th May, 1955

Guy's

Cooke, c. Grainger, b. Hills	48
Knapman, st. Alligan, b. Hills	13
Elsdon-Dew, l.b.w., Watts	15
Mackenzie, not out	14
Gunn, not out	4
Extras	0
Total for 3 wickets	94
C.U.A.C.O. for 10 wickets	93

Bowling	O.	M.	R.	W.
Morgan	8	3	6	0
Lyon	4	2	5	0
Mackenzie	22	5	48	4
Atkinson	8	0	17	2
Willis	11	5	12	4

Guy's *v.* Crofton Park

At H.O.P. Result: Drawn. 30th May, 1955.

Guy's

Cooke, st. Stedman, b. Martindale	6
Knapman, c. Veasy, b. Martindale	48
Atkinson, b. Parkinson	21
Mackenzie, st. Abbett, b. Pope	36
Gunn, b. Martindale	41
Williams, not out	25
Morgan, c. Bishop, b. Martindale	0
Willis, l.b.w., b. Pope	10
Bury, not out	0
Clark Lam } did not bat	
Extras	5
Total for 7 wickets	192
Crofton Park for 4 wickets declared	254

Bowling	O.	M.	R.	W.
Morgan	16	1	50	2
Atkinson	6	0	20	0
Mackenzie	14	2	45	1
Clark	9	0	42	0
Willis	16	1	72	1
Bury	3	1	12	0
Knapman	1	0	7	0

LADIES' TENNIS

1st VI *v.* Westfield College
At H.O.P. Saturday, 4th June

A. Pountain I. Platt	Won 3—0
A. Chapman J. Blake	Won 3—0
A. John M. Bown	Unfinished 1—1

Result: Won 7—1

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD

Applications are invited to fill an established vacancy as **Senior Registrar in General Surgery** until 30th September, 1957. The appointment will be made jointly by the bodies concerned and will be held in the first instance, from 1st September, 1955, to 30th September, 1956, in the Regional Hospitals in the South-East Kent Group, and will be renewable for one year commencing on 1st October, 1956, to 30th September, 1957, at Guy's Hospital. The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales.) Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, S.E.1., not later than **17th June, 1955.**

GUY'S HOSPITAL STAFF DENTAL OFFICERS

Applications are invited from **TWO Dental Surgeons** to undertake primarily the dental treatment of the Nursing Staff of Guy's Hospital. Each appointment will be for 5½ sessions per week. The appointments will be made for one year in the first instance with the possibility of renewal for a longer period. The posts will be superannuated and each will carry a salary of £625 per annum. The officers appointed will be required to have their names included in the list of Dental Practitioners of the local Executive Council. They will claim fees from the Executive Council for work done and if such fees exceed the cost of providing the service the excess fees will be distributed between the officers concerned.

Full particulars of the appointment may be obtained from the **Superintendent's Office**, where applications must be lodged before **Thursday, 30th June, 1955.**

It is hoped to start the service as soon as possible but at the latest on 1st October, 1955.

NURSING NEWS

18.5.55—14.6.55

Entered:
S/N H. Knight
S/N J. Hopkins
S/N J. Muddle

Left:
S/M J. Selby-Adams
S/N D. Levesley.

Sister Carter has taken up her appointment as Assistant Matron at the Guy's Unit, Orpington.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

INTERVARSITY CLUB. Midsummer Ball. Festival Hall, *15th July, 1955.* George Melachrino. 50*s.* double from 170 King's Road, S.W.3.

To Let

HARLEY STREET. Fully equipped surgery including X-ray and Dark room and use of waiting room. Box. No. 106.

For Sale

GUY'S STRIPED BLAZER. Crested badge with helmet. Scarcely worn. Size approx. 38. £5. Box No. 104.

PICTURES OF GUY'S HOSPITAL. **Hanslip** Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only—make** welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. Apply: The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Wanted

DENTAL SURGEON living Tunbridge Wells requires competent well educated Secretary/ Chairside Assistant. Salary from £6 weekly according age and experience. Box No. 105.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PASS LIST

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees
April, 1955

Honours

H. B. Anstall (Distinguished in Applied Pharmacology and Therapeutics).

P. S. Boulter (Distinguished in Medicine and Surgery: Awarded University Medal).

Verna P. Firth (Distinguished in Medicine).

Pass

J. C. Anthony-Davies
M. J. Atwill
G. C. W. Baker
J. F. S. Batson
D. Bradshaw
J. D. Broome
Margaret E. Broughton
D. V. Burke
Elizabeth A. Burns
C. M. G. Buttery
Gillian M. Cann
H. T. Davies
J. G. Davies
L. W. S. Eyears
M. C. Gie
J. G. J. Howell
A. MacL. Kingon
R. K. Knight
K. L. Lowings
A. J. Membrey
J. S. B. Meyer
J. D. Miller
J. C. Moorshead
F. A. Orhewere
R. Palmer
J. G. Parkes
B. M. N. Pitt
Jane Platnauer
T. Rowan
Ailsa M. Thurgar
M. D. A. Vickers
K. Wilderspin

Supplementary Pass List

Part I

M. L. A. B. Bancilhon
J. Barrie
Audrey J. Belsham
J. M. Clark
J. R. Daly
J. M. P. Davies
W. R. O. Eggington
D. C. Gill
N. W. Glendinning
G. C. Gould
R. I. Henry
G. I. Horsfield
I. D. Hudson
Moira A. McLellan
B. S. Merry
G. B. Middle
C. M. Montegriffo
R. C. Morgan
R. I. Muir
I. J. M. Y. Nallétamby
E. D. A. Orsmond
D. L. Parry
K. E. Thomas
C. J. Wallace
T. M. Winstanley

Part II

J. A. Cox
R. F. Everton
J. A. Greeves
K. E. Howells
I. S. MacDougall
I. J. M. Y. Nallétamby
R. D. Sandfield
D. J. Sills

Part III

Margaret A. Barrie
R. F. Everton
J. A. Greeves
I. S. MacDougall

Part IV

Margaret A. Barrie
J. A. Cox
R. D. Sandfield

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
April, 1955

C. R. Armstrong
S. X. E. Bengo
W. H. Gibson
P. H. L. Jones
D. C. Shelley
J. G. Watling

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
May, 1955

Surgery: *D. P. Addy.

Pathology, Bacteriology and Forensic Medicine: J. Barrie.

Midwifery: J. Barrie, J. F. Marsden.

*Has completed the examination.

GUY'S HOSPITAL MEDICAL SCHOOL

Treasurer's Medal and Prize in Clinical Surgery, 1955

Medal and Prize: Miss Jane Platnauer.
Certificate : A. J. Membrey.

Beaney Prize in Pathology, 1955

M. Kinsbourne

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Bishop, P. M. F. The Physiological Actions of the Sex Hormones. Lectures on the Scientific Basis of Medicine. Vol. III, 1953-54, *Athlone Pr. London*, 1955.

Burn, J. H. Acetylcholine and the Maintenance of the Cardiac Rhythm. Lectures on the Scientific Basis of Medicine. Vol. III, 1953-54. *Athlone Pr., London*, 1955.

Cooke, B. E. D. An Unusual Composite Odontome. *Proc. R. Soc. Med.*, 1955, **48**, 405.

French, J. M. and others. Coeliac Disease. The Relative Importance of Wheat Gluten. *Lancet*, 1955, i, 1087.

Fry, John. Discussion on the Use and Abuse of Antibiotics. *Proc. R. Soc. Med.* 1955, **48**, 362.

Harkness, A. H. Discussion on Non-Specific Prostatitis. *Proc. R. Soc. Med.*, 1955, **48**, 419.

McKeown, Thomas and another. Anatomical Closure of the Ductus Arteriosus in the Guinea Pig. *Clin. Sci.*, 1955, **14**, 213.

McKeown, Thomas and another. The Effect of Reduced Atmospheric Pressure on Closure of the Ductus Arteriosus in the Guinea Pig. *Clin. Sci.*, 1955, **14**, 225.

Moynahan, E. J. Myxomatosis. *Practitioner*, 1955, **174**, 709.

Pearson, R. S. Bruce. The Use and Limitations of Skin Tests in Asthma. *Proc. R. Soc. Med.*, 1955, **48**, 377.

Robin, Ian. Discussion: Intracranial Thrombophlebitis. *Proc. R. Soc. Med.*, 1955, **48**, 401.

Rushton, Martin A. Hyaline Bodies in the Epithelium of Dental Cysts. *Proc. R. Soc. Med.*, 1955, **48**, 407.

Simpson, C. Keith. Carbon Monoxide Poisoning. *J. Forensic Med.*, 1955, **2**, 5.

Simpson, C. Keith. Progress in Forensic Medicine. Chapter in *The British Encyclopædia of Medical Practice. Medical Progress. Butterworth*, 1954.

Simpson, C. Keith. Science in Crime Detection. *Proc. Roy. Instn.*, 1954, **35**, 3.

Simpson, C. Keith. Le rôle du médecin dans l'enquête criminelle. *Bull. Soc. Méd. leg. Criminol. Fr.*, 1954, **34**, 242.

BIRTHS

BOWES.—On 4th April, 1955, at Guy's Hospital, to Pamela (née Abbott, M.C.S.P.), wife of Colin Bowes, L.D.S.R.C.S., a daughter (Anna Catherine).

DODINGTON.—On 27th May, 1955, to Susan (née Wood), wife of Paul Dodington, L.D.S. R.C.S., 323 Bowes Road, London, N.11, a daughter (Elaine), a sister for Pauline.

GRAY.—On 10th May, 1955, to Fiona (née Campbell), wife of Kenneth Gray, M.B., B.Ch., a daughter.

HOWARD-KYAN.—On 18th May, 1955, to Cecilia (née Cardozo), wife of Gerard Howard-Kyan, L.D.S.R.C.S., 12 Aubrey Walk, Kensington, W.8, a son.

HOYLE.—On 27th May, 1955, at Coventry, to Zendra (née Pryor), wife of H. V. Hoyle, M.B., B.S., a second son.

LEIGH.—On 28th May, 1955, at Guy's Hospital, to Valerie (née Markow), wife of A. Alan Leigh, L.D.S.R.C.S., a son (Stuart Mark).

PRITCHARD.—On 4th June, 1955, at Guy's Hospital, to Betty (nee McCann) and Kenneth Pritchard, L.D.S.R.C.S.Eng., a daughter.

MARRIAGES

MEYER—GILLETT.—On 14th May, 1955, John Meyer, M.B., B.S., to Patricia Gillett, S.R.N., at St. Thomas's, Canterbury.

WILLARD—POULTON.—On 28th May, 1955, at St. Francis Church, Welwyn Garden City, Peter John Willard, B.D.S., L.D.S.R.C.S., to Valerie Poulton.

DEATH

SIMPSON.—Mary McCartney (née Buchanan) wife of Dr. Keith Simpson, at 1, Weymouth Street, London, W.1, on June 7th, 1955.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

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PASSIM

Payment for pleasure

AT the casualty department of Guy's and, indeed, that of every hospital in this country, a great deal of medical and nursing time and of the country's money is spent upon the care of the drunk and comatose and the drunk and damaged. The other night, when a hardy warrior made his umpteenth entry (feet first) to Front Surgery, the expensive problem of alcoholism and its relationship to hospitals was again emphasized. In this instance, one drunken man required the consecutive services of:—(i) 2 Policemen (ii) 2 Ambulance men (iii) 1 Surgery porter (iv) 2 Nurses (v) 2 Dressers (vi) 1 Night A.H.S., (vii) 1 Take-in H.P., (viii) 1 Take-in H.S., (ix) 1 Radiographer and (x) the Nursing Staff of the ward which had to house his malodorous presence overnight. This was not all—apart from the considerable waste of time, there was a wastage of money on X-ray films, dressings, suture materials and, lastly, the cost of board and lodgings in a teaching hospital ward for one night.

The pleasures of alcohol are, we know, undeniable and we admit freely that the *Gazette* office houses no teetotallers. Nevertheless, the reflection that this sort of thing goes on in every hospital in the country at some time or other is very alarming. The hospital service must spend an appreciable amount of money in this way each year. We wonder whether a realistic charge for the services which they receive might deter these perennial visitors. The after-effect of a bill for £15 or more for one night of hospital care would provide a deterrent to the imbiber more potent than an armful of tracts or even the Salvation Army (complete with band).

We offer this plan, without much hope of its acceptance, but with the conviction that this waste of time, materials and money upon such unprepossessing patients could well be avoided in these days when economy notices hang accusingly from every wall. We feel too that the cohort of disciples of Baron Münchausen who appear with abdominal walls presenting a veritable Clapham Junction of scars would, too, easily be spared. The regular safety-pin swallowers (such as that old Guy's favourite who looks so much like Piltdown Man), though interesting characters, represent luxuries which we might avoid by charging them an economical fee for our work in removing their swallowed ironmongery. How much each of the 'regulars' costs the National Health Service annually is probably a fruitful subject for enquiry. Perhaps, just as we in our daily work must look at the unbiquitous lists of the costs of X-rays and drugs, so, too, some publicity on the same principle might help.

Why not let the Ministry of Health print lists of appropriate charges for all the medical consequences of drunkenness? These lists, posted in each bar in the country, could inform the reveller of the damage to his own pocket of his suturing (silk or nylon), his skull X-rays, his gastric lavage or his night in the wards. A small but pertinent footnote might give the special extra charges which would be payable by the patient directly, personally and tax free to the hospital staff who are so regularly presented with an unpleasant and wasteful task, which should not be regarded as part of their duty.

Guy's men who knew and respected Mr. T. J. Evans both as Dean of the Medical School and lecturer in Biology will wish to join with us in wishing him many happy returns. Mr. Evans recently celebrated his 80th birthday and the staff of the Biology Department, in order to commemorate this event, invited him to tea in the laboratory on Monday, 13th June, when he met some of his erstwhile colleagues and pupils. They were delighted to see Mr. Evans, who played such a valuable part in the organization of the Medical School during the trying years of the war, in their midst once again.

The tea party served indeed as a reunion for a number of distinguished Guy's men of the Emeritus and active Consultant Staff. It was a great pleasure to see such figures as Mr. A. R. Thompson, Mr. T. B. Layton, Mr. Frank Cook and Mr. O. Gayer Morgan from the medical and surgical staff. Mr. F. Bocquet Bull, representing the *Emeritus* dental staff and Professor Stead were also welcome guests. Many other members of the Staff were present to offer their birthday wishes to Mr. Evans, who is a positive advertisement for the desirability of being an octogenarian, his vigour and charm undiminished.

We congratulate most heartily Mr. P. A. Lane Roberts who has been appointed Consultant Surgeon to the Brighton and Lewes Group of Hospitals. He has been, during the last year, exchange senior registrar at the Folkestone and Dover Group of Hospitals, though of course remaining on the surgical strength of Guy's. We hope that he will be very happy in his new appointment.

Among those who are soon to give clinical lectures at Guy's, we note with pleasure the name of an old Guy's man from New Zealand, Dr. T. O. Garland, who is Director of the Division of Occupational Health in the New Zealand Government. He will speak on *Health in Relation to Occupation.* Another welcome visitor is Dr. J. H. Hunt, the Secretary of the College of General Practitioners who will speak on *The Future of General Practice and its Relation to other Branches of Medicine.*

A paragraph in a South African newspaper which came by a recent post tells us of the welcome which Miss Delamare, the Superintendent's private secretary, received when she arrived in South Africa. During her holiday she hopes to meet many old Guy's men whom she has known either during her spell as private secretary to the Dean of the Medical School or in her present office.

Her friends here will remember that Dr. Joy Purser recently left Guy's, where she had been Neurological House Physician, to take up a Colonial Medical Service appointment in the South Pacific. From a letter recently received at Guy's we hear that she has arrived at the Government Hospital at Apia in Western Samoa. Her journey out to Fiji and thence in a banana boat via Tonga, Nine Island and Pago-Pago would make a splendid article which we hope we can induce her to write. During her brief stay in Fiji she met another old Guy's man, Mr. K. J. Gilchrist who is now stationed there. Dr. Purser and Mr. Gilchrist must surely be the two Guy's folk who are furthest away from the Hospital—can anyone exceed this distance? We would be interested to hear.

The latest contribution to the gaiety of the Park is a notice, neatly picked out against the crimson of a fire-hydrant cover, which reads: "DRIVE SLOWLY. 1 Mile an hour". If this exhortation were properly observed—by a motorist equipped with a vernier scale on his speedometer perhaps—the journey from the entrance gates in Great Maze Pond to the doors of Nuffield House would be achieved in five minutes precisely, no doubt at the expense of considerable obstruction to pedestrians.

The ivy which so pleasantly covers the walls of the Superintendent's and Matron's houses and of the Chapel has asserted itself at last. The clock above the Chapel, seized by its tendrils, has stopped. Some scaffolding has already appeared and we expect that the hands will soon be relieved from its obstruction. We hope, however, that the release of the clock and the clearing of the upstairs windows will not be followed by wholesale removal of the ivy which is such an attractive feature of the front of the Hospital.

NOTICE

B.D.A. GLASGOW CONFERENCE

The Guy's Alumni Lunch at the British Dental Association's Glasgow Conference will be held at 12.45 p.m. on Thursday, 7th July, 1955, in Guy's Restaurant, 188-196 Hope Street, Glasgow, C.2.

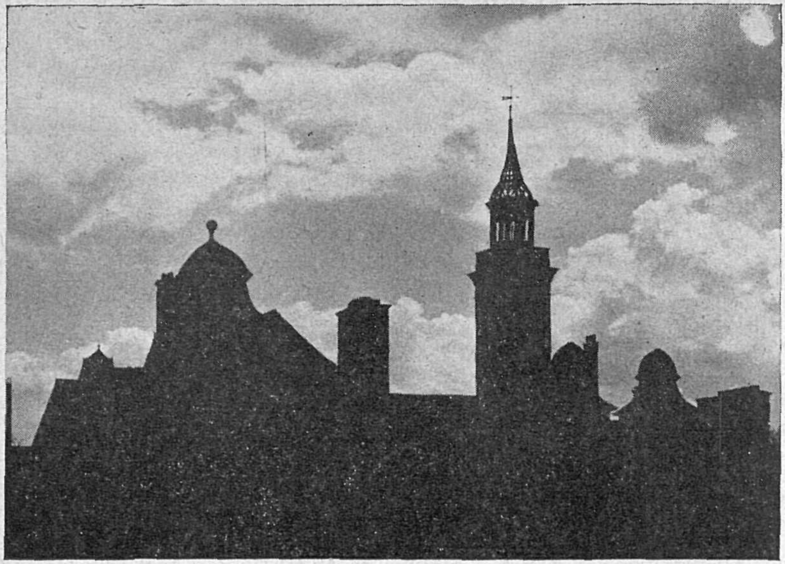


Photo by M. S. Wirk

The Minarets of S.E.1

GUY'S DIARY

JUNE			Exhibition. Department of Surgery. *Retention of Urine.*
27th	M	1.00	Dr. T. O. Garland (Health Department., New Zealand Government). Clinical Lecture. *Health in Relation to Occupation.*
			Photographic Exhibition. *Cutaneous Manifestations of Visceral Malignancy.* Gordon Museum.
28th	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture.
30th	Th	1.00	Dr. Christopher Hardwick. Clinical Lecture. *Malignant Hypertension.*
		5.00	X-ray Meeting. Gordon Museum.
JULY			Exhibition. Department of Surgery. *Pain.*
1st	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Dissecting Aneurysm.*
		9 p.m.	Cricket Club Centenary Ball. Park Lane Hotel.
4th	M	1.00	Dr. E. J. Moynahan. Clinical Lecture. *The Sun and Your Skin.*
5th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.
7th	Th	1.00	Mr. Grant Massie. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
8th	F	1.00	Dr. Brian McArdle. Clinical Lecture. *Muscular Pain and Cramps.*
9th	S	10.00	Departmental Round conducted by a visiting Surgeon. Clinical Theatre.
11th	M	1.00	Dr. R. D. Hoare. Clinical Lecture.

Training Within Industry—A Correction

We would like to apologize for an error in the article published in the *Gazette* on 14th May.

Please read Job Relations, *Job Instruction*, and Job Methods—instead of Job Relations, Job Analysis, and Job Methods.

M.S.G.

GUY'S HOSPITAL CLUBS UNION

AWARD OF BLUES 1955

	Full Blue	*Half Blue*
BOAT CLUB		M. R .Boundy
		C. B. Thomson
		R. W. M. Smith
		R. E. Farmer
BOXING CLUB	C. J. Wallace	P. H. N. Davis
	A. V. S. Jones	
HOCKEY CLUB	D. R. Laney	W. Knapman
	N. R. Cooke	M. Morgan
	J. J. Hall	
RUGBY CLUB	M. Lindsey	C. E. Evans
	R. K. Knight	A. L. Gunn
	N. W. Glendinning	D. A. Lillicrap
	N. A. Labuschagne	D. L. Parry
	S. A. R. Cooke	M. A. H. Russell
		D. M. Smith
SAILING CLUB	F. H. Muir	A. S. Horniblow
SOCCER CLUB	N. J. Knight	C. Maggs
	G. I. Horsfield	I. G. Creed
		B. J. Heath

Twenty-Five Years Ago

From Guy's Hospital Gazette, 28th June, 1930.

As we gently puffed the best pipe of the day, that which follows breakfast, our eye scanning the morning paper last week discovered an odd paragraph of peculiar interest: "At an extraordinary general meeting of the British Anti-Tobacco and Anti-Narcotic League (Incorporated), resolutions were passed that the league be wound up voluntarily." So died a cause that can never have prospered; no doubt it was founded on the original injunction, "Cut down Smoking," so often heard from medical lips, but having even less national appeal than the recent, but equally admirable conservative slogan, "Safety First".

Fifty Years Ago

From Guy's Hospital Gazette, 1st July, 1905.

On Wednesday, 12th July, the Annual Prizegiving and Garden Party takes place . . . A very special interest attaches to this year's proceedings, because it has been chosen as the day on which the new museums, so generously given by Mr. Robert Gordon, will be first open for inspection. We remember, some years ago, hearing Sir Samuel Wilks almost plaintively remark that when he came to Guy's nowadays, he hardly recognized it as his old home. Here and there, perhaps, an old wall or a bit of staircase survived to remind him, but for the most part all had been swept and garnished, till not even the hardiest microbe could maintain a precarious existence. Since then, change has been even more rapid, and in successive years the Wills Library and the Gordon Museums have been added to our inheritance. We do not wish our gratitude to appear merely as a lively sense of favours to come, but the precedent of such annual expansion is a sound one to establish.

SLIPPED DISCS AND ALL THAT

A Clinical Lecture given at Guy's Hospital Medical School on 21st March, 1955.

By T. T. STAMM, F.R.C.S.

LADIES AND GENTLEMEN,—Over the past 15 years our approach to the subject of low back pain and sciatica has passed through two phases and has now entered a third. The first was that of the recognition of the part played by mechanical derangements of the intervertebral discs in causing these symptoms. The second was the phase of enthusiastic surgical attack upon the lesion, while the third and present phase might be described as that of the contemplative licking of burnt fingers. In view of the recent spate of controversial papers and correspondence on the subject it would seem to be an appropriate moment to take stock of the position.

The term "slipped disc" tends to suggest that it is a purely mechanical condition of traumatic origin and is comparable to a slipped cartilage in the knee joint. This simile is most inaccurate and misleading, for a normal intervertebral disc is so much stronger than the bones on either side of it that it is quite immune to trauma, except in the cervical region, or after a vertebral body has fractured and the line of fracture passes through the joint. This is a most essential point to realize, for it means that any mechanical derangement of an intervertebral disc presupposes that its tissues must have been in a degenerated or softened state at the time, and that therefore such derangements are primarily pathological rather than traumatic in origin. This is borne out by the fact that the strain which produces a prolapse is usually quite trivial in nature—such as bending down to pick up a piece of paper from the floor.

It is recognized that the occurrence of degenerative changes in the tissues of the intervertebral discs is part of the normal ageing process, and that starting in early adult life, they lead eventually to the gradual absorption of the nucleus pulposus with narrowing of the intervertebral spaces and the production of what amounts to a fibrous anachylosis. It is reasonable to expect that before this stage is reached there might well be a period when the degenerative process had rendered the joints susceptible to trauma. So it is that lumbago and sciatica are traditionally the prerogatives of middle age. During recent years, however, there has been an increasing tendency for these symptoms to appear in young adults. Whereas twenty to thirty years ago strains of the back in young adults would usually clear up in a week or two, now the symptoms frequently persist, and all the signs of a disc prolapse develop. In such cases some additional factor must be present to allow sufficient weakening of the structures to occur for a displacement to be possible. This is borne out by the soft pulpy condition of the disc seen at operation in young people, and by the fact that frequently more than one joint is affected. The cause of these pathological changes is unknown, but they appear to belong to the "collagen" group of diseases and may well have a nutritional background.

So far as ætiology is concerned then, one can say that while lumbago and sciatica is most commonly due to some mechanical derangement of an intervertebral disc, such derangements are primarily pathological in nature and that these pathological changes are partly the result of the normal aging process, but in many cases, and especially in the younger patients, there must be some other factor in addition.

We can now pass on to consider the actual clinical pictures presented in practice. It will perhaps be best to consider a hypothetical case that passes through all the possible stages of the condition. There are four main stages, the first being that of strain.

Low back strain.

The developmental change from the quadripedal to an upright posture has imposed an acute bend on the lower lumbar spine. The lumbo-sacral joint, and to a lesser extent those immediately above it, have therefore to transmit the body weight as a shearing strain across their joint surfaces. Moreover, the lumbo-sacral joint itself is at the junction of a fixed and movable portion of the spine, which is again the place where the greatest strain will fall.

Under normal conditions the strain of resisting the forces of gravity is taken by the muscles, which hold the joints in a balanced posture in order to reduce the load to a minimum. If the posture is faulty then the load on the muscles is increased.

Should they become fatigued for this or any other reason, the strain will then fall on the ligaments of the joints, leading to the painful condition known as chronic strain. For the mechanical reasons already stated this state of affairs is most likely to occur in the lower lumbar area and especially in the lumbo-sacral joint.

It is well recognized that tissues that are "under the weather" are more susceptible to changes in their environment. Any tendency towards the development of pathological changes in fibrous tissues will naturally manifest itself most markedly in tissues that are already in a state of chronic strain.

After a period of low back ache, due primarily to mechanical strain, we may expect to find changes occurring in the joint tissues with weakening of its structures which leads to stage two—the stage of internal derangement.

Internal derangement—Acute lumbago.

We now have an intervertebral disc which has been the seat of chronic strain, in which softening changes have occurred and which may also be the seat of reactionary inflammation with œdema of the tissues. In this state a slight extra strain may cause something to give way. It is believed that most commonly the nucleus pulposus becomes displaced eccentrically within the annular capsule of the joint. There is at this stage no external bulging or prolapse but the altered tensions within the joint cause sudden acute pain which may soon be made worse by reflex inflammatory reaction producing still further tension.

In other cases it may be the inflammation or œdema of the tissues alone which causes sufficient tension to induce pain. In such cases the pain comes on less dramatically but may become just as intense.

After two or three of these episodes, with periods of backache in between, on some occasion the nucleus, or part of it, again becomes displaced, but this time it shifts further and causes an actual bulge through a weak spot in the annulus—usually in a posterolateral direction. This bulge may cause tension or pressure on an overlying nerve root, thus producing sciatic pain. Thus the third stage is reached, that of:—

External derangement or prolapse.

It should be noted that this external bulge will tend to relieve pressure and tension within the joint itself and thus as the pain goes down the leg, it often lessens in the back.

Finally in some cases a portion of the nucleus may burst through the annulus and come to lie outside the joint altogether in the extradural space, producing the last, but less common stage of:—

Disc extrusion.

In actual practice the clinical picture varies very greatly in different cases. In some the pathological factor is predominant while in others the symptoms may be mainly mechanical or traumatic in origin. Some cases never progress beyond the stage of chronic postural strain, while in others prolapse of the nucleus may occur with little or no preliminary warnings. However, by analysing the history of the case, even more than by examination of the patient, it is usually possible to assess the relative importance of the various factors that may be concerned so that one is able to visualize what has been happening to the affected joints, and what the present state of affairs is likely to be. Unless this can be done treatment must remain an empirical matter of hit or miss, the odds being heavily on the side of the latter.

TREATMENT

When planning treatment one has to consider and assess the three main factors which are responsible for the symptoms: postural strain, the pathological degenerative processes, and finally the mechanical derangements to which they may lead.

Postural strain.

So far as this factor is concerned treatment is straightforward and simple in theory, though often difficult to effect in practice. One must first determine whether the strain is due to faulty posture, fatigue from long hours of standing, or muscle weakness—for example, following an illness. For the first, the services of a competent physiotherapist are required, for the second, some form of extra support such as a corset, combined with regular exercises to keep the muscles in good trim, unless the patient's activities can be suitably modified, while for the third a proper period of convalescence and rehabilitation is indicated.

Pathological factors.

Since we are ignorant of the cause or causes of the changes which occur, and since they may well have their origins in the patient's early environment we can as yet do no more than carry out symptomatic treatment. If the symptoms suggest the presence of an active pathological process with constant pain, stiffness, and muscle spasm indicating the presence of some inflammatory reaction, then the obvious answer is rest—in bed, a plaster jacket, or a corset support, depending on the severity of the symptoms.

Since the degenerative processes may persist for years before final resolution occurs, it is often necessary or desirable to reorganize the patients' activities or their employment, and to provide extra support in the form of a corset over a long period if serious damage during the vulnerable period is to be avoided. This applies particularly to the younger patients, in whom the pathological changes often run a quite acute course. Nor should precautions be relaxed until there has been freedom from all symptoms for at least six months.

Mechanical derangement—The "slipped disc".

The following factors should be borne in mind when deciding on the correct line of treatment in those cases where there is evidence of actual prolapse:—

1. The derangement more often than not is no more than a displacement eccentrically of the nucleus pulposus or a part of it within the capsule or annulus of the joint. Reduction can therefore occur quite easily and spontaneously once the reactionary inflammation and muscle spasm have subsided.
2. The longer the displacement persists the less likely it is that spontaneous reduction will occur.
3. It is often possible to effect reduction by mechanical means, that is to say by distraction of the joint surfaces, or by manipulation.
4. If the displacement has been present for a long time, or an actual extrusion of tissue through the capsule has occurred, the latter often being the reason for the former, then relief can only be effected by operation.
5. That reduction of any displacement is not a cure, for it does no more than deal with an incident that has occurred during the course of a disease, and it is unfortunate that so much attention has been focussed on the incident and so little on the disease that caused it. Operative measures, though dramatic in giving instant relief from severe pain, may be compared to putting a stitch across a perforated gastric ulcer. It may save the life of the patient, but it is not a treatment of the disease which caused the ulcer.

While it is impossible to lay down hard and fast rules, our own school of thought has always held to the principles of letting nature have a try first, assisting her by providing rest, sedatives, warmth and perhaps gentle massage; having a try ourselves if this fails, by traction and manipulation; and finally resorting to operation, if necessary, before the patient has lost faith and morale and before all the surrounding tissues including the nerve roots have become matted together by fibrous adhesions. *But to remember*, that, when reduction has been effected by whatever means, and the patient relieved of pain, the patient still has the pathological changes in that joint, and perhaps others as well, that allowed the derangement to occur. To give them at this stage a self-congratulatory pat on the back and send them back to normal activities is the outlook of a quack, not that of a doctor.

Finally, there is the fact that every patient who has complained of pain in the back for six months or longer will be to some degree neurotic. The problem then is to determine which is the cart and which is the horse! In my experience operative measures have cured more so-called neuroses with these symptoms than any psychiatric measures. In other words it is usually the unrelieved pain that is responsible for the so-called neurosis. In fact I would say that pain in the rectum and pain in the back are more productive of psychological disturbance than pain in any other situation. This brings us to the final problem. How are we to be sure that the symptoms are of organic origin, and, if so, are due to the "disc" syndrome and not to some other pathological condition?

First, and most important, there is the history of the case, which should make an intelligible picture and one that fits the clinical signs found on examination.

On examination the essential features are:—

1. There will be tenderness localized to the interspinous ligament of the joint, or joints, affected. This is a most fortunate provision of nature that compensates for our inability to examine these joints directly.

2. Limitation of movement will be primarily in the plane of flexion and extension. If the patient can flex the spine normally no mechanical derangement of an intervertebral disc is present.

3. There may be a lateral tilt of the spine to one side, the so-called "sciatic scoliosis". Movement to the opposite side will then also be limited, but rotation will be free.

4. Straight leg raising on the affected side will be limited if there is any disc prolapse.

5. The physical signs indicating interference with nerve function, i.e., absent reflexes, muscle wasting and anæsthesia, will be present only if the nerve root is being subjected to actual pressure. Mere irritation, or tension on the root, causes pain only. The absence of these signs does not necessarily mean therefore that there is no prolapse, though their presence is a very useful confirmation of the diagnosis.

DIFFERENTIAL DIAGNOSIS.

The syndrome has to be distinguished both from other mechanical causes of low back pain and from other pathological conditions. Of the former there are two common conditions:—

1. Pain arising in the posterior joints. These joints are frequently the seat of arthritic changes which may give rise both to local pain and to referred pain due to irritation of the underlying nerve root. There will, however, be no signs of actual pressure on the affected nerve root. Local tenderness when present will be to one side of the midline, while movements are rarely seriously limited. In some cases, however, the differential diagnosis may remain extremely difficult.

2. Sacro-iliac strain or subluxation. This condition has rather fallen into disfavour owing to the popularity of the "slipped disc". It is however quite common and many patients have suffered a laminectomy for its relief. The pain is due to tension on the ligaments of the joint owing to a slight degree of rotation of the sacrum downwards and forwards on the affected side relative to the ilium. It most frequently occurs following pregnancy but is not uncommon even in men, following a twisting strain on the pelvis. The distinguishing features are: that the local tenderness will be over the posterior ligament of the joint instead of over an interspinous ligament, all movements will be free and painless, except rotation, and finally, referred pain when present will be to the outer side of the thigh and into the groin—an odd and unexplained distribution that cannot occur with any disc derangement.

Of the pathological conditions that must be borne in mind, out of an endless list I would especially mention four: ankylosing spondylitis, tuberculosis of the spine, secondary deposits and tumours of the cauda equina. The distinguishing features of these conditions are quite easy to work out theoretically, and this makes a good exercise in academic medicine. I doubt, however, whether there is any orthopædic surgeon who has not missed one on occasions.

Before concluding I would like to comment briefly on the equally controversial problem of disc lesions in the cervical region. While their pathology is similar to such lesions in the lumbar spine, they present special features of their own and special problems in treatment. Their most important feature is the liability of a disc prolapse to cause pressure not only on a nerve root but on the spinal cord itself, which may give rise to serious symptoms of paralysis.

So far as root symptoms are concerned I would only say that the diagnostic labels of brachial neuritis, rheumatism of the shoulder or occipital headaches should always make one think of the cervical spine.

Finally, degenerative changes in the cervical discs lead to more rapid absorption of the nucleus than in the lumbar region, and are followed by the development of osteo-arthritic changes in the affected joints. There are thus two stages in the disease —an early stage when prolapse may occur with root or cord pressure, and a late stage when prolapse is no longer possible, but root pain may be caused by irritation of the nerve roots by the adjacent arthritic process and the presence of fibrous adhesions.

The treatment of these conditions in the early phases presents a problem, for it is extremely difficult to provide adequate rest and protection to the affected joints unless the patient remains in bed; active measures, such as manipulation, should be used with extreme caution as they can be dangerous; while operation is attended by disappointing results compared with similar conditions in the lumbar region. In severe cases bed rest is the only answer. Once the acute stage is over it is nearly always necessary to provide some form of support when the patient becomes ambulant. Leather or plastic collars are often used but they are extremely difficult to fit and are deeply resented by most patients. I have found that a collar made out of thick sponge rubber is a good compromise, for it provides a reasonable degree of support, and being comfortable the patient will consent to wear it, which is better than providing a technically more efficient support which the patient only wears when visiting the doctor.

In the late stages manipulation is safe and is often effective in relieving distressing symptoms that have failed to respond to any other measures.

THE HISTORY OF THE CRICKET CLUB

1855—1955

By M. B. R. MACKENZIE

It is almost impossible to obtain information as to the exact foundation of the club, but on reviewing the literature it is almost certain that cricket was being played at Guy's by 1855.

We can count amongst our opponents Surrey Club and Ground, whom we played at the Oval, St. Thomas's and Barts. As the Cup was not instituted until 1882 these hospital games did not arouse the enthusiasm with which we are accustomed to regard them.

The Club had no ground of its own in those far off times and apparently the Club hired a ground at Ladywell. There seems to have been some difficulty in raising the necessary rent in the 1870's for the subscriptions for playing members was 10/6d. and 5/-. for honorary members, there being of course no benevolent Clubs' Union to fall back on in times such as these However, through the generosity of the Blackheath Morden Club the Hospital received the use of the former's ground at Blackheath which afforded great relief.

In the 1870's the Hospital played such sides as Surrey Club and Ground, whom we occasionally beat, Blackheath, University College Hospital, Crystal Palace and Yalding, who sported many amateurs of the Kent County side and whom the Hospital beat that year. In 1875 the Club was again in financial distress and had difficulty in raising representative sides although we had men then, "some of whom have seldom been surpassed among amateurs for brilliancy of play". Amongst these were H. Williams, R. Steele, Power, W. Gray, T. Earle and P. Wallis. There is only one game recorded in 1876 and that was a victory over the then famous Tooting Wanderers, now extinct. In the next year similarly, only one game was recorded and that was a defeat inflicted upon the Hospital by Richmond whose professional bowlers were the destructive force.

The records are silent from that date until 1884 when the Hospital won the newly instituted Hospital Cup for the first time, King's having won it the two years previously. During 1884 a great effort was made by S. Wacher the captain, to revive the side and he led the Hospital to victory, beating St. Thomas's in the final. In 1885 Mr. Durham, F.R.C.S., a distinguished member of the staff, was elected to the Presidency of the Club and it was largely due to his enthusiasm that the Club egained its stature. During the next 10 years the Hospital won the Cup nine times, only St. Thomas's breaking the winning sequence in 1889. That Guy's were the better side although defeated, is best reflected in the words of the secretary: "There is no doubt as to which side has the better, the Guy's XI being equal to 16 men of the kind St. Thomas's were represented by".

This feeling arose no doubt from an incident three years previously in 1886, when at a meeting of the United Hospitals' Cricket Club, St. Thomas's representative put forward the proposal that Guy's be disqualified from holding the Cup by infringing Rule 9 which merely states that "any member of a medical school is eligible to play if he does not exceed four years standing."

The contention was that Guy's had played a gentleman by name Mr. Colclough in the final, in which we had beaten St. Thomas's. He, according to St. Thomas's, was not a member of our Hospital as he was doing the pre-science course only. In the ensuing debate there was much heated discussion and in spite of the declaration by the Dean of Guy's that the gentleman was a member of the Hospital we were disqualified after voting had been seven for and seven against, the chairman having the casting vote.

At the next meeting we appealed but to no avail: the chairman showed his hand against us once more. The Editor of the *Gazette* writes wrathfully of the meeting: "This underhand business shows how weak our opponents deem their cause to be, and it is against such combined injustice that Guy's is contending."

However, the next year it was decided that Mr. Colclough could play and the Hospital won the Cup once more. This fourth consecutive win entitled the Hospital to purchase the Cup outright at two-thirds of the cost. Steps were taken to raise the necessary money, for the Cup which now resides in the college, one of our proudest possessions. Small cups were presented to the individual members of the XI but it is illuminating to note that at a meeting held in October 1887 it was decreed to withold the cups until those entitled to them paid their subscriptions!

The Hospital won the Cup regularly until 1895, but in that year came the death of Mr. Durham, which was a servere blow to the Club; fortunately an equally enthusiastic President was found in Dr. Brailey. The minute book states that he was constantly to be seen watching the matches.

The problem of the ground had been solved in 1891 with the formation of the Clubs Union, and grounds were purchased at Honor Oak Park much to the delight of the Club, for it ensured freedom from the severe disabilities from which the Club had suffered in the past—finance and lack of ground.

In 1897 we regained the Cup after an absence of two years under the captaincy of F. S. Nicholls. This form was not sustained for the next three years, for it was 1901 before we regained the trophy.

We lost to Barts. in the final in 1902 but under the captaincy of H. M. Langdale we regained it and also won the Junior Cup which had been presented in that year, giving us the honour of being the first hospital to inscribe its name on the trophy. The Hospital appears to have had some brilliant players at this time. Chief amongst them were H. Barber, F. Morres, H.D. Wyatt and E. Morgan. On tour in Notts., Barber and Morres put on 351 for the first wicket in the second innings at Wiseton, and H. D. Wyatt and E. Morgan put on 270 runs for the seventh wicket against St. Mary's in a Cup tie! These are both Hospital records. Barber made 134 v. Barts and 101 v. Mary's. He headed the batting averages in 1904, another successful Cup year.

Indeed 1903, '04 and '05 were illustrious years in the history of the Club for the Cup was won in each year and the Junior Cup in 1903 and 1904. The names of E. Barnett and N. V. H. Riches appear in 1905. Barnett played for Gloucester in 1906 but found time to play nine innings for the Hospital, in five of which he scored centuries, and ended the season with an average of 109.44. Riches played regularly for Glamorgan and has done much to advance the cause of cricket in Wales. The Hospital had ambitious fixture lists too, for they played such sides as London County under W. G. Grace, M.C.C., and Surrey Club and Ground, when Tom Rushby was beginning his career. F. Kahlenberg was the Club's star bowler and took wickets consistently.

In 1905 Dr. Brailey retired from the Hospital and his successor was Sir Alfred Fripp, himself an old member. He was President for 14 years and his zeal was as unflagging for the Cricket Club as it was for the Swimming Club.

Our Cup fortunes ran low in 1907, '08 and '09 but were successful in Club games. 1910 saw the return of the Cup and victory over St. Thomas's was largely due to the brilliant batting of R. Montgomery and the bowling of Kahlenberg.

1912 was the next successful year when Vincent Brown performed brilliantly. Indeed he was reckoned one of the best batsmen the Hospital ever had.

During the war there was no competition and the Club ceased its activities until 1919. In the period 1919 to 1924 when we won the Cup once more we see such names as T. Wooldridge, G. D. Shaw, C. Vincent-Brown, J. G. Van Schalkwijk of rugger fame, and N. H. Saint, the Essex County player.

In 1924 Van Schalkwijk was captain and mainly through his heroic work we regained the Cup. In 1925 we shared the Cup with Barts for reasons that are not too clear but it is presumed that there was no time for a replay. Two years elapsed before we regained the Cup outright and despite losing many leading players including L. S. Williams who had captained the side in 1925 and 1926 we retained the Cup in 1928 by beating St. Thomas's soundly to the tune of an innings and 135 runs. For this the Hospital owed much to R. Eustace, 149 and F. Spence, 101.

The Hospital then entered upon lean years as far as winning the Cup was concerned, but doubtless the cricket both on and off the field was highly successful. Evidence of this is shown by the report of the secretary in 1937, reporting the Club's tour to the Channel Islands, an event which had been started the year previously. He writes: "If we found fame on the field, we made history off it. One Angus, of happy memory, raised a cocktail in our name, and to this day is advertized in blue and gold as 'Guy's C.C. Special Cocktail High Temperature.' For those interested the ingredients are 1/3rd. Latvia Rye Vodka, 1/3rd. Bacardi Rum, 1/3rd. Cerasella. One of the more distinguished students likened it to a dose of 5 c.c. of Evipan!" One is tempted to reflect whether that concoction still exists today.

Continuing the report, "The captain took it upon himself to introduce a penalty cap for bad fielding, an abomination in blue and white muslin. The honour of wearing this fell evenly between himself and the vice captain! The tour ended sadly for never had we found such hospitality nor such pleasant cricket as in Jersey and Guernsey, to whom, God willing, we shall return". This prayer was not answered for we see in the next year that the Hospital was unable to raise a side, of cricketers that is !

During the war years no Cup cricket was played but the Hospital continued to give a good account of itself and maintained the high standard set by its predecessors.

1946 saw the return of the competition and true to form the Hospital emerged the victors under E. Graham by beating London Hospital in the final by two wickets. This was apparently a most exciting game and everyone present was on tenterhooks. The scores were Guy's 229, and 97 for 8 wickets: London 40 and 285. From 1947 until 1951 we appeared in the final only once, that being in 1948, when we were beaten soundly by Barts. by seven wickets.

A tour of Devon had been organized in 1947 and this was a highly successful event, so much so, that it became an annual feature until the cost became prohibitive and most regrettably it had to be dropped. Names that are prominent at this time are D. Blake, P. S. Russell, J. D. Williams, A. F. Jones and W. Howells.

1951 saw the return of the Cup to the Hospital under the captaincy of D. Allan, H. Bissoon Dath scoring a notable century in the finals, St. Thomas's inevitably being the other finalist.

Once again in 1954 we won the Cup, beating St. Mary's in a most memorable game by seven runs. N. Cooke, the captain, played a big part in the game.

For the present year it seems only fitting that we should be battling with St. Thomas's in the second round. We have had two games already, the first being in their favour, Guy's being saved by some magnificent defensive batting on the part of M. Morgan and S. Lam. The replay was in the Hospital's favour and we set forth on Monday, 27th June, hoping that it will be third time lucky. After all it is our Centenary Year!

A Past v. Present game has been arranged for 2nd July, at H.O.P. Past will be represented by: A. F. Jones (Captain), K. D. Allanby, D. M. Allan, W. Cahill, W. Howells, I. H. Munro, H. M. O'Driscoll, D. Tunnadine, A. Trist, J. F. Young and S. M. Whitteridge.

THE HOSPITALS' CRICKET CUP

1882	King's
1883	King's
1884	Guy's
1885	Guy's
1886	Guy's
1887	Guy's
1888	Guy's
1889	St. Thomas's
1890	Guy's
1891	Guy's
1892	Guy's
1893	Guy's
1894	Guy's
1895	St. Thomas's
1896	Barts.
1897	Guy's
1898	Barts.
1899	St. Mary's
1900	St. Mary's/St. Thomas's
1901	Guy's
1902	London
1903	Guy's
1904	Guy's
1905	Guy's
1906	London
1907	Barts.
1908	St. Thomas's
1909	St. Thomas's
1910	Guy's
1911	St. Thomas's
1912	Guy's
1913	St. Thomas's
1914	No Competition
1915	No Competition
1916	No Competition
1917	No Competition
1918	No Competition
1919	Middlesex
1920	St. Thomas's
1921	St. Thomas's
1922	St. Thomas's
1923	Royal Dental
1924	Guy's
1925	Guy's/Barts.
1926	St. George's
1927	Guy's
1928	Guy's
1929	St. Mary's
1930	Barts.
1931	St. Thomas's
1932	Barts.
1933	St. Thomas's
1934	St. Mary's
1935	St. Mary's
1936	Barts.
1937	No entry on Cup
1938	No entry on Cup
1939	No entry on Cup
1940	No Competition
1941	No Competition
1942	No Competition
1943	No Competition
1944	No Competition
1945	No Competition
1946	Guy's
1947	No entry on Cup
1948	No entry on Cup
1949	No entry on Cup
1950	No entry on Cup
1951	Guy's
1952	No entry on Cup
1953	No entry on Cup
1954	Guy's

SAYINGS OF THE GREAT

A Physician (on hearing that a patient's thyrotoxicosis had become worse while on holiday).

" . . . But Bournemouth on the whole is a very myxoedematous sort of place".

CORRESPONDENCE

Letters to the Editor of the Gazette

Passim—Overseas Doctors

SIR,—Dr. Harry Richards, commenting in your issue of 11th June on *Passim* of 2nd April, burdens simple language with quite unnecessary meaning. Just because it was stated there that promising young men and women whom the profession 'can ill afford to lose' are forced to turn their eyes overseas, does that immediately imply that 'only those practitioners should go overseas whom the profession can well afford to lose?' The claim of the medical profession on promising people appears to be the same whether at home or abroad. Would not Dr. Richards himself be disappointed (should he decide to return home from the Gold Coast) if no one were to say that West Africa could ill afford to lose him?

Yours, etc.,

E. E. D. TOMLIN.

Guy's Hospital,
London, S.E.1.

Passim—Winking Lights

SIR,—I have just read a violent attack by Dr. Stafford-Clark in your issue of 14th May, on a previous *Passim*, which seems to have incurred his uncontrolled displeasure.

In these days when everything seems to be more and more mechanized: when the majority of people seem to derive any opinions they possess from films, radio, and cheap newspapers, it is refreshing to find someone, like yourself, with the courage of his convictions, or indeed any convictions at all!

As far as I am concerned, though I cannot speak for conditions at home, I can say that there are many occasions in urban car driving in this country when one finds traffic lights, robots, etc., very much obscured by all kinds of vicarious and adventitious illuminations, which could well be disposed of. It is, in fact, not "pretentious balderdash" to describe them as a highway nuisance, in fact a public danger.

If you need any further support for your candid and forthright expression of your views may I remind you of the pronouncement of a Lord Chief Justice of England some few years ago, who expressed himself thus:—

> "It is the birthright of an Englishman to say what he thinks forcibly, and to write it potently."

Here's to our English birthright!

Yours, etc.,

G. DUNDERDALE.

45 Alexandra Road,
Pietermaritzburg,
Natal, S.A.

Kwashiorkor-like Condition in Rabbits

SIR,—I was interested to read Dr. I. Macdonald's account of a kwashiorkor-like condition in rabbits. As he points out, the rabbits were having plenty of protein unlike the human examples of this condition. One wonders however if the decline and demise of these animals can have been connected with the 40,000 i.u. of Vitamin A and the 6,000 i.u. of Vitamin D they were receiving each day. Assuming the rabbits weighed 2 Kg. apiece then they were taking in 20,000 i.u. of Vitamin A and 3,000 i.u. of Vitamin D per kilo per day. If a 70 Kg. man were to receive this order of dosage he would consume 1,400,000 i.u. Vitamin A and 210,000 i.u. Vitamin D per day! These dosages would in man soon cause symptoms of chronic Vitamin A poisoning and probably of chronic Vitamin D poisoning too. May the same not be true of rabbits?

Yours, etc.,

J. S. PEGUM.

Dr. Fison and the Theory of Relativity

SIR,—I also was at Dr. Fison's lecture on Einstein's theory of relativity, and can supplement the comments by Dr. Hulett.

Dr. Fison's remarks were that the Professor was asked at the breakfast table to explain Einstein's Theory in simple language. He started to muse with the bacon and eggs, and he continued with the marmalade. After which, he delivered himself of these words: "My boy's tall form, my daughter's face, are nothing but two warps in space; and beauteous Ma and noble Pa, a double twist, and there you are."

Yours, etc.,
LESLIE J. GODDEN.

13, Hill Street, Berkeley Square,
London, W.1.

Vocal Physiology and Acoustics

From Mr. H. St. John Rumsey

SIR,—Mr. Norman Punt has supplied much interesting detail but the basic question remains unanswered. It has been argued that the unidentifiable vowels of many of our leading singers are due to the fact that the resonating pitch of the vowel is antagonistic to the overtones or partials of the note being sung. On the other side is the undeniable fact that the boys on most of our best (Cathedral) choirs manage to sing their vowels clearly; this is especially noticeable in the choirs of King's College, Cambridge and Salisbury. In case it may be urged that boys can sing vowels that are impossible for women singers, may I quote the mixed choir of King's College, Strand that sang in the broadcast services in Lent of this year.

Mr. Punt states "Vowels are related to timbre and each depends on the augmentation of two or three particular partials (overtones, harmonics)." How are we then to define whispered or breathed vowels which are not only clearly identifiable but their relative pitches are easily recognized by untrained ears?

Lastly, what of the prevalent "wobble" more kindly described as "tremolo?" Recently a well known soprano sang without a trace of wobble and with clearly sounded vowels; on the next day, under a different conductor, her words were unidentifiable and the outstanding feature of her performance was "wobble". A good singer "renders" a song; she tells a story in clear words with good vocal tone; the latter without the former is not singing in its best sense.

Yours, etc.,
H. St. JOHN RUMSEY.

161 Clarence Gate Gardens,
London, N.W.1.

The Colour Problem in Diplock

Pauline 8 *yrs.:* "What's wrong with baby Angela?"

Brenda 6 *yrs.:* "She's a blue baby."

Pauline: "A blue baby?"

Brenda: "Yes, they're all blue where she comes from"—(Singapore).

REVIEWS

The Prevention of Cruelty to Children. By L. G. HOUSDEN, *O.B.E.*, M.D. Jonathan Cape, London. *Price* 28*s.*

Dr. Housden is an old Guy's student; he has four children, knows general practice in Hampshire and he is adviser in Parentcraft to the Ministry of Health. He has seen squalor and neglect and cruelty and he is not inured to them but fired to work to prevent them. There is scope for prevention. The N.S.P.C.C. goes to the help of 100,000 children a year.

It is fairly easy not to be moved by reports of the horrors of the past. It is appalling to read of what is happening to-day. But Dr. Housden gives constructive sensible advice and action to-day is more likely to be profitable, for drunkenness and malnutrition are far rarer, infections are less dangerous, and the general level of child care is far better.

This seems to me the clue to follow up. The Infant and Child Welfare Services have done marvellously—in combination with full employment, war-time priorities of food, etc. The welfare personnel can now afford to give less attention to most mothers so that they can concentrate on the problem and near problem families.

Of course bad housing, still too common, may break the heart of any mother so that she drifts into incapacity. Apart from this, coming of a similar family, a mother may never have had a glimpse of better standards. 50 years ago in St. Pancras it was decided that the first thing to teach mothers was 'the making of suet puddings under conditions obtaining in Somers Town'—the first of these teachers became known as the Pudding Lady. Families have to be helped at home. This is being done to-day too. The Pacifist Service Units, now Family Service Units, go into the homes and give a fresh start and continued help. The Home Advisers in Norwich from 1942 to 1953 dealt with 86 families; an average of 121 visits per family were paid, 48 families were discharged as capable. Economically this is cheap compared with evicting a family and putting them into residential schools. "It cost the L.C.C. £42 a week (i.e., £2,184 a year) to keep a man's six children in a nursery and residential school. The magistrate remarked 'it would be cheaper if the Council gave this man a house free and paid him and his wife £1,00 a year to look after their children'."

The advice and guidance to these families is useless if given *de haut en bas.* Perhaps it is best given by someone on their knees scrubbing the floor. Other ways may work. In Amersham a caravan housed a family with three children and a mother resentful of all proffered advice. Then after repeatedly refusing, this mother was persuaded to go into Amersham Hospital with one of her children who had to be admitted. The sister got the mother to do most of the caring for the child; she showed that she respected the mother; with utmost tact she taught the mother. Now the mother realises that 'they' are not chiefly anxious to criticize, but that "they" can help. And since this experience the mother accepts this help.

There is horror in plenty in the book but it is written by someone who knows the problem, and knows it to be a big one, but believes it can be solved. Dr. Housden has thought very hard about it and made constructive suggestions. Others can help him to get his suggestions implemented. There will be great rewards if we help to do this.

R.C.M'K.

Refresher Course for General Practitioners. Second Collection. London, British Medical Association. *Price* 25*s.*

The popularity enjoyed by the first Refresher Course collection will certainly be maintained by this, the second of the series. There are sixty short articles, all by acknowledged authorities, and all on common conditions and topics likely to be encountered in general practice. The title of the book implies a Course, but what medical curriculum was ever devised with as much abandon as this? There has been no attempt at arranging the subjects—we find 'Whooping Cough' sandwiched between 'Enlarged Prostate' and 'Colles' Fracture', while later on 'Alleged Rape', 'Leukæmia' and 'The Painful Shoulder' jostle each other with an attractive immodesty. Nevertheless, the mince pie effect probably reproduces accurately the diversity of problems confronting a practitioner during surgery hours and on these grounds alone the arrangement (or lack of it) has much to commend it.

In the first volume there was a substantial contribution on obstetric and gynæcological problems. In the second diseases of women occupy a very minor place. In neither collection is there any contribution dealing with ‘ Medicine and the Law ’, though articles by Dr. Keith Simpson on ‘ Suicide, Accident or Murder? ’ and Sir Sydney Smith on ‘ Alleged Rape ’ do, of course, discuss special aspects of the subject. This is a glaring omission which most practitioners will deplore: so many decisions these days seem to be made against a background of anxiety as to the possibility of actions for damages. An objective account of a doctor's position *vis à vis* his patient and the State is now long overdue.

What there is in this volume is of absorbing interest. Psychiatric subjects play a prominent part and the sound advice given by Dr. Desmond Curran in his discussion of ‘ The Acute Mental Case ’, more particularly in respect of the patient's close relatives, will be welcomed by many practitioners. There is a valuable commentary on the use of anticoagulants in coronary thrombosis in the article on ‘ Coronary Artery Disease ’ by Dr. Rae Gilchrist, while contemporary Guy's men will be glad to see contributions on ‘ Obesity ’ from Dr. Douthwaite and ‘ Warts on the Feet ’ from Dr. Forman in addition to Dr. Keith Simpson's forensic essay. I was sorry to read on p. 320 that patent ductus ‘ can be cured by ligation ’ without any mention of division.

Taken in conjunction with the first Course in the series this second volume will provide an exceedingly valuable reference book on contemporary ideas and treatment and as such it is just what a busy practitioner will need.

E.E.D.T.

British Practice in Radiotherapy. Edited by SIR ERNEST ROCK CARLING, LL.D., F.R.C.S., F.R.C.P., F.F.R.; B. W. WINDEYER, M.D., B.S., D.Sc., F.R.C.S., F.R.A.C.S., F.F.R.; and D. W. SMITHERS, M.D., F.R.C.P., F.F.R. Butterworth & Co., 1955. *Price* 84*s*.

The title and the price of this work are such that it is unlikely to find much of a market outside libraries and radiotherapy departments. Nevertheless, there is a great deal in it to interest anybody who wishes to know more of what modern radiotherapy has to offer. The more technical sections will prove somewhat indigestible to the general reader; but the bulk of the work is written from the clinical standpoint. The importance of good team work between the radiotherapist and his medical or surgical colleague is given added emphasis by the joint authorship of several chapters. Ian Aird, R. Bodley Scott, E. E. Pochin, and C. P. Wilson are among those who have contributed in this way. Candidates for the Fellowship and others will find this a particularly useful book to consult when considering the various combinations of surgery and radiotherapy which are today employed in the management of such conditions as carcinoma of the mouth, larynx, breast, bladder, or testicle.

There are some minor imperfections in the text (for example, in the chapter on malignant disease in children, a statement about the 60% incidence of embryonal tumours appears three times in the first four paragraphs); but these are few. More attention might perhaps have been paid to those benign conditions which benefit from radiotherapy.

Tumours of the thymus gland are allotted as much space as ankylosing spondylitis; and there is no mention at all of progressive exophthalmos, Dupuytren's contracture, or "mixed" parotid tumour. But these are small criticisms which scarcely detract from the general standard of excellence.

T.B.B.

The Foundations of Surgery. By GEORGE PERKINS, M.Ch., F.R.C.S. E. & S. Livingstone Ltd. *Price* 10*s*.

The medical student today is confronted with encyclopaedic textbooks full of undigestible matter. There are few books which are designed to help him understand the fundamentals of surgical thought. This book is an admirable attempt to supply a framework on which to arrange the ever increasing mass of facts which he is expected to absorb. The author delightfully informs us that the correct title should be "Surgery for Toddlers"; the present title being given to prevent the humiliation of the first year student who reads it in the train! The chapters deal with general principles such as wound healing, gangrene, sinus and fistula; over half the book is devoted to instruction in elementary physical examination. As in all attempts to deal with a vast subject in a few pages some topics are over simplified and there are statements which are apt to be misleading. The only contradiction to usual teaching is to be found in the chapter on head injuries where it is said that ocular changes occur first on the side opposite the source of compression. This is an excellent book—especially for the surgical ward clerk; it makes surgery interesting, comprehensible and does not burden with excessive fact.

A.G.P.

An Atlas of Dental Histology. Second Edition. By E. B. Manley, E. B. Brain, E. A. Marsland, 1955. Blackwell Scientific Productions, Oxford. *Price* 21*s*.

The value of the second edition of this atlas of dental histology has been greatly enhanced by the inclusion of a limited amount of text. The standard of reproduction of many of the illustrations has been improved and many new ones added. The authors can be justly proud of this magnificent work, for it contains the type of help needed by students of dental anatomy. The text is a little dogmatic but refreshingly so. It is to be hoped that future additions will include an account of dentinogenesis, even if it means that the addition of new text will be at the expense of the 20 pages devoted to histological techniques, which is out of proportion in an atlas of this nature. It is beautifully produced and a real pleasure to study. To dental students and to all members of the dental profession, this book can be recommended unreservedly.

B.E.D.C.

Clinical Methods in Surgery. By K. Das, M.B., F.R.C.S. Third Edition. City Book Company, Calcutta, H. K. Lewis & Co., Ltd., London. *Price* 40*s*.

This is an admirable book and covers the subject of surgical examination and diagnosis quite excellently. The whole of the body is considered lucidly and fully with special emphasis on history taking and the physical examination of the patient. The special investigations relevant to any given type of case are discussed as well—the scope and detail sometimes being astonishing—for instance the technique of ventriculography and air encephalography is discussed briefly but adequately in the section on intracranial tumours.

The differential diagnosis of swellings is dealt with magnificently with due attention to those commonly occurring at any site. The reader will notice that there is a constant emphasis upon the special tropical problems such as filarial and hydatid diseases. It is difficult indeed to say which are the best parts of this book. In every section, commonsense teaching and constant attention to detail marks this as a very real contribution to surgical literature.

In all books there must be some faults. In this one the only points of criticism are in the rather dull (though strong) binding and in the occasional blurring noticed in a few of the 280 illustrations. As a textbook for the surgical beginner, this is equal to any on the British market (even though it lacks coloured illustrations). For the more senior student and for the postgraduate, there is no comparable work on the shelves of our bookshops. This book is confidently and unreservedly recommended to the student commencing his surgical studies who wants one book to buy and keep throughout his training. He will realise that he has bought a treasurehouse of practical information whicn will be of lasting value.

P.S.B.

Physiotherapy in some Surgical Conditions. By Joan E. Cash, M.C.S.P. Published by Faber and Faber. *Price* 21*s*.

In this admirable and extremely readable book, Miss Cash sets out to describe, in broad outline, physiotherapeutic treatments that might with advantage be applied to those conditions where surgical measures have been employed.

The ætiology, anatomy and physiology, pathology and operative procedures of each section are described with sufficient detail and clarity to enable the reader to follow and appreciate the general principles of pre- and post-operative physiotherapy described.

Miss Cash has wisely exercised restraint in her use of detail, thus allowing different approaches and techniques to be related to the principles outlined.

There are chapters on wounds, infection, burns, general abdominal and gynæcological surgery, peripheral vascular disease, surgery of the chest and nervous system, fractures and soft tissue injuries. Good diagrams and plates add to the interest of this excellent book which should appeal to students and qualified physiotherapists.

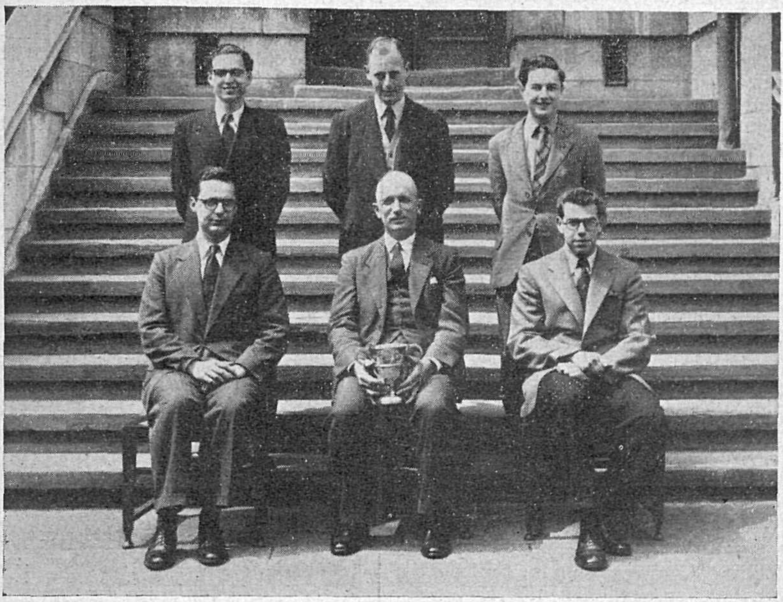
S.M.E.

SPORT

GUY'S HOSPITAL CHESS CLUB

Winners of the Inter-Hospital Chess Challenge Cup

Re-Established 1955



M. D. Robson *J. A. Cox* *W. Holms*
M. Kinsbourne *J. B. Blaikley, Esq.* *D. A. Sabel*

The Guy's chess team has won the United Hospitals' Chess Challenge Cup.

At this point it is appropriate to look back and consider the history of our recently re-established chess club.

Four seasons ago the club was re-formed, and a number of matches against other teams from colleges of London University were played, with, as was to be expected, no very brilliant immediate results. But from the outset, the club could boast of two powerful players, R. O. Selby and J. A. Cox. The former had represented Cambridge University and Cambridgeshire. The rest of the team was as yet inexperienced.

The next season, interest in chess was greatly stimulated by Mr. J. B. Blaikley's establishment of the Blaikley Challenge Cup, which has been hard fought for every year since. At this time the team was joined by M. Kinsbourne, (Oxford University and Oxfordshire) who the season after that, succeeded R. O. Selby in the captaincy, which he has retained since.

It was in the third year of our club's existence that a step decisive to its future was taken. Instead of playing dreary games in the lower division of the London University League, it was decided to leave the league and play only friendly matches, against powerful London chess clubs, who it was hoped would perhaps, overestimating our strength, send strong teams against us. We should then, though defeated, profit in experience. They did, and all members of the team improved immeasurably in ability to cope with the vigours of match play, and indeed, defeat came less frequently than we had expected. It was with additional experience thus gained that we entered the competition for the United Hospitals' Chess Challenge Cup in the first season of its re-establishment, 1954-5.

Our first match was against St. Bartholomew's Hospital, and proved to be the closest fought of all. However, though the final score in our favour was only $3\frac{1}{2}$–$2\frac{1}{2}$, it seemed at no time likely that Guy's would lose.

We met University College Hospital

in the semi-final, and St. Thomas's Hospital in the final, and the scores, 5–1 and 5½–½, respectively, speak for themselves.

The very considerable margin of our victories adds to our pleasure at this success, since it is the best possible augury for continued achievement in years to come. Although the players already mentioned may be lost to the club next year, we shall still be worthily represented by D. A. Sabel, whose energy as Secretary contributed much to our success, M. D. Robson and W. Holms, two good players who will be with us for many years yet, and N. Sharples, whose solid play and general reliability merit special notice. In D. H. Wright we have an excellent candidate for a place in the team next year; all in all we seem assured of an effective combination for our future struggles.

We played five friendly matches with the following results:

v. Finchley Chess Club	Lost	1½–4½
v. Atheneum ,, ,,	Won	4½–1½
v. Willesden ,, ,,	Drawn	3–3
v. Harrow ,, ,,	Lost	1½–4½
v. Hendon ,, ,,	Drawn	3–3

In this year's competition for the Blaikley Challenge Cup the final will be: M. Kinsbourne (holder) *v.* D. K. Wright.

CRICKET

INTER-HOSPITALS CUP COMPETITION

2nd Round

Guy's *v.* St. Thomas's

At Cobham. Result: Drawn. 2nd June, 1955

Guy's

N. Cooke, c. Church, b. Mountfield ..	15
W. Knapman, st. Moore, b. Brockman ..	16
D. Atkinson, b. Brockman	59
M. Mackenzie, b. Church	39
R. Elsdon-Dew, b. Church	10
M. Lyon, c. Kittermaster, b. Mavor ..	3
A. Gunn, b. Church	0
M. Williams, b. Church	2
M. Morgan, not out	7
M. Willis, l.b.w. Mountfield	7
S. Lam, not out	5
Extras	7
Total for 9 wickets	170
St. Thomas's for 10 wickets	256

Bowling	O.	M.	R.	W.
Morgan	17	3	47	2
Lyon	12	4	36	2
Atkinson	19	5	56	2
Mackenzie	25.5	5	79	4
Willis	4	—	9	—
Cooke	3	1	13	—

2nd Round Replay

Guy's *v.* St. Thomas's

At H.O.P. Result: Drawn. 8th June, 1955

Guy's

W. Knapman, c. Hartley, b. Stearn ..	29
N. Cooke, st. Moore, b. Church	46
M. Mackenzie, c. Moore, b. Mountfield ..	18
R. Elsdon-Dew, c. Church, b. Stearn ..	63
D. Atkinson, b. Stearn	47
A. Gunn, c. Hartley, b. Stearn	0
M. Morgan, not out	21
M. Willis, c. Hartley, b. Mountfield ..	0
T. Clark, c. Mavor, b. Mountfield	6
S. Lam and M. Lyon did not bat	
Extras	3
Total for 8 wickets declared	233
St. Thomas's for 8 wickets	139

Bowling	O.	M.	R.	W.
Morgan	22	13	20	6
Lyon	14	4	25	1
Mackenzie	11	1	42	—
Atkinson	9	1	24	—
Clark	4	3	4	—
Willis	5	—	9	1

Guy's *v.* Dulwich Hamlet

At H.O.P. Result: Lost. 5th June, 1955

Guy's

N. Cooke, b. Dunn	3
W. Knapman, st. Gornall, b. Smith ..	1
A. Gunn, c. Whitworth, b. Dunn	3
M. Williams, st. Gornall, b. Smith	11
N. Knight, b. Dunn	1
M. Mackenzie, l.b.w. Dunn	5
S. Lam, run out	0
M. Willis, b. Dunn	0
R. Owen, not out	6
G. Bury, b. Goddard	4
P. Drury, b. Whitworth	4
Extras	2
Total	40
Dulwich Hamlet for 7 wickets declared ..	186

Bowling	O.	M.	R.	W.
Mackenzie	19	2	71	4
Drury	6	—	13	—
Bury	5	1	19	—
Cooke	2	—	15	—
Owen	3	—	15	—
Willis	9	2	43	3

Guy's *v.* Orsett

At Orsett. Result: Lost. 11th June, 1955

Guy's

W. Knapman, not out	26
D. Lipington, st. Williamson, b. Chinney	1
M. Tuddenham, b. Pullinger	0
G. Bury, c. Bryant, b. Chinney	1
D. Lawrence, l.b.w. Chinney	11
M. Morgan, run out	0
M. Mackenzie, b. Chinney	5
M. Langman, b. Pullinger	0
M. Russell, b. Bryant	5
D. Wooding, st. Williamson, b. Bryant ..	0
M. Missen, b. Bailey	5
Extras	6
Total for 10 wickets	60
Orsett for 9 wickets declared	174

Bowling	O.	M.	R.	W.
Morgan	15	6	33	3
Mackenzie	20	1	82	5
Bury	7	1	29	0
Langman	3	—	15	—

TENNIS

Guy's v. Paddington

Saturday, 21st May, 1955
Away. Result: Lost 8–1

Team: Quant, Black; Frost, Jones; Maggs, Smith.

The first pair, Quant and Black, had a bad day; the procession of double faults was appalling. Frost played his usual forceful game, but Jones's erratic patches cost them games which I feel they need not have lost. The third pair played some good tennis, but Smith is still not really up to top club standard.

2nd Round of Inter-Hospitals' Cup

Guy's *v.* St. George's

Wednesday, 25th May, 1955
Result: Won 9–0

Team: Quant, Black; Jones, Elsdon-Dew; Maggs, Smith.

Tuesday, 24th May.

Because of a late start this match did not produce a result. The full six was not out and Leake playing as a substitute showed great promise. He will not take long to reach first six standard.

Saturday, 4th June and Sunday, 5th June.

The Guy's team was weakened as Jones and Black had been chosen for the United Hospitals team playing against Dublin University. We arrived in Cambridge to find that the Saturday match against St. John's had been cancelled due to heavy overnight rain. On Sunday the Hospital just lost against an uninspired Christ's VI. Socially the fixture was a great success.

ROWING

For the first time in history Bumping races were rowed on the Thames, on the 18th, 19th and 20th May. These were organized as an experiment by the United Hospitals Rowing Club, and although open to the whole of London University the entry came entirely from seven hospitals.

Since these were the first "bumps" ever, the order of starting was decided by the organizers, and it was a fitting tribute to their judgment that no bumps were made on the third night.

On the first night the top four crews in the first division, St. Thomas's I, St. Bartholomew's I, Guy's I and The London I all rowed over. St. Bartholomew's II were bumped by St. Thomas's II, and Middlesex I and Westminster I (the "sandwich-boat") rowed over. In the second division all crews rowed over except The London II who were bumped by a very strong St. Thomas's IV.

On the second night the top three crews once more rowed over, but The London I went down to St. Thomas's II, and St. Bartholomew's II were bumped by Middlesex. In the second division St. Thomas's IV bumped St. Thomas's III, and St. Bartholomew's III bumped The London II.

On the last night no bumps were made, and the final order of finishing was:—

Division I:

St. Thomas's I, St. Batholomew's I, Guy's I, St. Thomas's II, The London I, Middlesex, St. Bartholomew's II, Westminster (S.B.).

Division II:

St. Mary's, St. Thomas's IV, St. Thomas's III, St. Bartholomew's III, The London II.

The Guy's crew competing in these races, although slightly changed from that which won the United Hospitals Head of the River Pennant, gave a performance comparable with that of any of the top three crews. That none of these was good enough to bump, or bad enough to be bumped by any following crew, gives some indication of the similarity of standard.

From the oarsmen's point of view these new "Bumps" are a great success, but when they are rowed next year it would be very heartening to see the few very helpful and most welcome enthusiasts who gave support to the efforts of the crew leading a small army of Guy's supporters instead of crying alone in the wilderness of the towpath.

University Eights Championship.

On Saturday, 28th May, Guy's entered the Junior-Senior division of the University Eights Championships. The crew met King's College in the first heat.

Faultless stroking by M. S. Parrish took Guy's into a ¾-length lead at the end of half a mile, but lack of training left them with no answer when King's fought back to draw level a hundred yards from the finish and push their bows ahead to win by 3 feet.

The eventual winners were:—

Senior Division. Allom Cup. Imperial College.

Junior-Senior Division. Roderick Hall Trophy. Imperial College.

Junior Division. *(Clinker Eights).* Imperial College.

The order of rowing on both occasions was:—

Bow, M. A. Young; 2, I. Simpson; 3, T. R. Cullinan; 4, V. Whitehead; 5, W. J. Cliff; 6, M. R. Boundy; 7, G. J. Longson; Stroke, M. S. Parrish. J. E. Robinson coxed in the bumps. C. B. Thomson coxed in the Roderick Hall Trophy.

The crew was coached by J. M. Cox, Esq.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

Guy's Hospital, S.E.1

Applications are invited for the appointment of **Registrar** in the B.M.R. and Endocrine Department (first year, six sessions per week). Duties to commence on the 1st October, 1955. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **30th June, 1955.**

APPOINTMENTS

P. A. Lane Roberts, M.Ch., F.R.C.S., appointed Consultant Surgeon to the Brighton and Lewes Group of hospitals.

R. D. Walsh has been appointed Consultant Anæsthetist to the Mercy Hospital, Cork.

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

Michael John Francis McArdle, F.R.C.P., as a Teacher of Medicine (Neurology) at Guy's Hospital Medical School.

APPOINTMENT OF EXAMINER

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Examiner

Diploma of M.R.C.S., L.R.C.P.

G. E. H. Foxon (Elementary Biology).

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

F.R.C.S.

Final Examination

A. Gol
*C. N. d'Este Eastes
A. E. Richardson
J. A. Loeb

*Otolaryngology

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

INTERVARSITY CLUB. Midsummer Ball. Festival Hall, 15th July, 1955. George Melachrino. 50*s*. double from 170 King's Road, S.W.3.

To Let

HARLEY STREET. Fully equipped Dental Surgery including X-ray and dark room and use of waiting room. Box No. 106.

For Sale

GUY'S STRIPED BLAZER with crest. Sleeve 19 ins. Chest 38 ins. £2 Phone BUS. 3045.

ZEISS BINOCULAR MICROSCOPE, alternative monocular body and full equipment £75. Also Violin (Italian) £15. Box No. 107.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. Apply: The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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French, J. M. The Aetiology and Mechanism of Steatorrhœa. *Postgrad. med. J.*, 1955, **31**, 299.

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Morgan, J. K. and another. Multiple Idiopathic Hæmorrhagic Sarcoma of Kaposi. *Arch. Derm.*, 1955, **71**, 618.

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Rewell, R. E. and another. Pleomorphic Salivary Adenoma ("Mixed Parotid Tumour") of the Larynx. *J. Laryng.*, 1955, **69**, 424.

Sturdy, D. E. and another. Diaphragmatic Hernia following Injury. *Lancet*, 1955, i, 1001.

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Warner, E. C. Clinical Features of Food Poisoning. *Practitioner*, 1955, **174**, 652.

Wass, S. H. Polyposis Coli. *Med. Pr.*, 1955, **233**, 481.

CHANGES OF ADDRESS

P. T. Grimer, B.D.S., 199 Carlton Avenue East, Wembley, Middlesex. (Tel. Arnold 1134).

Joy Purser, M.B., B.S., Government Hospital, Apia, Western Samoa.

BIRTHS

BEALE.—On 3rd June, 1955, to Rosemary (née Harbrow), wife of Alan J. Beale, M.D., 267 Russell Hill Road, Toronto, Canada, a son (Nicholas Alan Oswald).

BOURNE.—On 9th May, 1955, to Mary (née Hull, S.R.N.), wife of Donald G. Bourne, M.A., a daughter (Rosemary Jane).

DOMINICK.—On 4th June, 1955, at the Dilke Hospital, Forest of Dean, to Margaret (née Kear), wife of A. G. Dominick, M.B., B.S., a son (Simon David), a brother for Christopher.

GRIEVE.—On 21st May, 1955, at 1 Godolphin Terrace, Stoke, Plymouth, to Heather Mary (née Down), wife of J. M. S. Grieve, M.A., M.B., B.Ch., a daughter (Carolyn Mary).

RENDELL-BAKER.—On 7th June, 1955, in the Maternity Wing of the Cardiff Royal Infirmary, to Rosemary, wife of Dr. Leslie Rendell-Baker, a daughter.

SHOTTS.—On 16th June, 1955, at West Middlesex Hospital, to Barbara (née Layman) and Alan Shotts, L.D.S., M.R.C.S., a son (Jeremy Guy), a brother for Paul.

WILLIS.—On 1st June, 1955, to Esmé (née Webb), wife of Stanley Willis, a son (Charles Edwin), a brother for Catherine.

MARRIAGES

GRIMER—HOWICK.—On 16th April, 1955, at St. Richard's Church, Chichester, Sussex, Peter T. Grimer, B.D.S., to Margaret Howick.

HILLARD—WATKINS.—On 11th June, 1955, at St. Mary Redcliffe, Bristol, Anthony Hillard, M.B., B.S., to Mary Watkins.

HOUGHTON—FIRTH.—On 11th June, 1955, at Bishop Hannington Memorial Church, Hove, David Maurice Houghton, M.Sc., D.I.C., to Verna Patricia Firth, M.B., B.S.

HUNT—FAYRER.—On 14th April, 1955, at Cosham, Hants., John Guy Parnell Hunt, M.B., B.S., to Ursula Fayrer, S.R.N.

LANE—CATTERALL.—On 14th May, 1955, at Christ Church, Chislehurst, John David Lane to Rosemarie Jill Catterall.

STANESBY—WILLIAMS.—On 16th April, 1955, at Waterlooville, Hants., Alan John Stanesby to Kathleen Peggy Williams, S.R.N., S.C.M.

WILKINSON—BURNS.—On 4th June, 1955, at St. Nicholas' Church, Brockenhurst, Hants., Kit Wilkinson, L.D.S.R.C.S.(Eng.), to Elizabeth Burns, M.B., B.S.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1747 *9th July 1955* *One Shilling*

PASSIM

The New Guy's

THE first serious programme of hospital planning since before the War has been announced in the House of Commons by Mr. MacLeod, the Minister of Health. Among the 35 major projects planned for the years 1956-1958 is a new surgical block for Guy's. This is expected to contain over 300 beds, an entire floor of operating theatres and new accommodation for the teaching departments of Surgery, Obstetrics and Gynæcology and Anæsthetics. There will be full provision for such specialist services as diagnostic radiology.

At the moment the precise details of the rebuilding programme are indefinite but rumour has it that the new building will be on the site to the east of the Hospital and will connect by a subway under Maze Pond with the rest of Guy's. If all goes well and no hitches are discovered in plans or finances, the scheme should go to tender in January, 1957. The building work will then commence in April, 1957.

This is a great opportunity for the Ministry of Health and the Governors of Guy's. It will be the first major addition to a London teaching hospital for nearly 20 years. We must hope that the block to be built will be a worthy forerunner of the new Guy's which has been the subject of so much discussion and planning over the last quarter of a century. It must be a show-place and should demonstrate all that is newest and best in hospital architecture and equipment to our visitors from all over the world.

As soon as final agreement on the plans is reached with the Ministry of Health and Town Planning Authorities, we shall publish an official statement of the proposals and will reproduce the more important plans. We know that this is of great interest to all readers of the *Gazette* and details will accordingly be published at the earliest possible opportunity.

It is with the greatest of pleasure that we welcome Dr. John Eager Howard for a short summer visit to this country. Dr. Howard, who is one of our Honorary Associate Consultant Physicians, is a physician at the Johns Hopkins Hospital and made his last visit to us in 1951. We wish him an enjoyable stay on this short, and we understand unofficial, visit.

When in a recent issue we congratulated Dr. R. L. Waterfield on his election to the Fellowship of the Royal College of Physicians, we unfortunately overlooked the election of Dr. C. F. Hawkins of Birmingham to the same distinction. We would like to offer him our belated, but none the less sincere, congratulations.

We offer our hearty congratulations to Mr. C. E. Engel of the Department of Medical Illustration who has been elected to the Fellowship of the Royal Photographic Society. This distinction has been conferred upon Mr. Engel for his well-known original work on macrophotography of the skin.

Mr. J. T. M. C. Jenkins who was a registrar in the E.N.T. Department at Guy's before taking up another appointment has been appointed consultant E.N.T. surgeon to hospitals in Leicester. We congratulate him on his appointment and wish him happiness in his new surroundings.

Mr. V. Y. Bockner will be leaving us on 1st September to take up his new appointment as Assistant to the Director of the Department of Obstetrics in the University of Adelaide. He will also hold honorary appointments on the staff of two Adelaide hospitals, the Royal Victoria Maternity Hospital and the Queen Elizabeth Hospital. We offer him our warmest congratulations. There will be widespread regret that we shall lose his valuable contribution to the obstetric teaching at Guy's, but it will be tempered with approval that Guy's will be so worthily represented in South Australia.

On Thursday, 14th July, Dr. George W. Mitchell, Jnr., from Boston, Mass., will be at Guy's and will give a clinical lecture on *The Management of late Pelvic Malignancy*. On the following Tuesday, 19th July, we are being visited by Professor T. G. Blocker, Jnr., Professor of Plastic Surgery at the University of Texas Medical School, Consultant to the United States Army and Member of the Burns and Shock Committee of the United States National Research Council. Professor Blocker will give a clinical lecture on that day when his subject is to be *The Treatment of Burns*.

The 1955 exhibition of art and photography, which is reviewed in this issue, was a great success. It was a revelation to discover how many amateur artists we have in our midst and what a high standard they can achieve. It was momentarily flattering to read an opinion in the daily press that ours was "one of London's most fascinating art exhibitions"—until it became apparent that the writer had not visited it. In his eyes it evidently derived its fascination, not from any inherent merit, but from the dubious news-value of being "the work of the hospital staff from surgeon down to cleaner". Lest anyone should have been misled by that newspaper's implication that the public would not be admitted because of its unpalatable surroundings in the Gordon Museum, we are pleased to report that the exhibition was enjoyed by a large number of people from both inside and outside the Hospital. Fortunately the story was so stale that it did not appear until after the exhibition was over.

We congratulate the tennis VI on their resounding success in beating St. Thomas's by 6 games to 2 in the final round of the Inter-Hospitals' Cup, thereby winning the cup for the fifth year in succession We hope that similar success may crown their efforts in the University contest: Guy's entered for the first time last year and were defeated in the final round.

In our pages recently we made an announcement of a Christmas Card Competition. We would like to remind all our readers that entries will be gratefully received at the *Gazette* Office up to and including the 30th August, 1955. The scope of the competition is very wide and the only requirement is that the selected drawings should be of a nature attractive enough to encourage a good sale of the cards which are made from them.

From time to time we receive notices of births and marriages from Guy's men and women. Many of these are accompanied by cheques and postal orders and we would like to take this opportunity of reminding our readers that the *Gazette* makes no charge for publishing announcements of this nature. Indeed, we take great pleasure in making these announcements feeling, as we do, that they serve as a link between Guy's people all over the world.

The balcony of *Addison* Ward is being reconstructed and should be ready for use again within a few weeks. The new arrangement, allowing of more light and air, will be a great improvement.

GUY'S DIARY

JULY			**Exhibitions.**
			Department of Surgery. *The Surgical Relief of Pain.*
			Skin Department. *Cutaneous Manifestations of Visceral Malignancy.* Gordon Museum.
11th	M	1.00	Dr. R. D. Hoare. Clinical Lecture. *Radiology of Neurological Disorders of Childhood.*
		5.00	Pupils' Physical Society Meeting.
12th	T	1.00	Dr. J. H. Hunt. (College of General Practitioners). Clinical Lecture. *The Future of General Practice and its Relation to Other Branches of Medicine.*
14th	Th	1.00	Dr. George W. Mitchell, Jnr. (Boston, Mass.). Clinical Lecture. *The Management of late Pelvic Malignancy.*
		5.00	Mr. P. H. Schurr. Neurosurgical Demonstration. Clinical Theatre.
18th	M	1.00	Mr. L. F. W. Salmon. Clinical Lecture. *Tracheostomy: the Evolution of an Operation.*
19th	T	1.00	Professor T. G. Blocker, Jnr. (University of Texas). Clinical Lecture. *The Treatment of Burns.*
21st	Th	1.00	Dr. Ralph Kauntze. Clinical Lecture. *Cirrhosis Hepatis.*
23rd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
25th	M	1.00	Dr. Charles Baker. Clinical Lecture.

Fifty Years Ago

From Guy's Hospital Gazette, 15*th July*, 1905.

The Inter-hospital Shooting Cup has just been lost to Guy's in a most vexatious manner. Owing to the absence of one of the team, and the failure, at short notice, to find a substitute, only five men could contribute to our total, which nevertheless only fell short of the winning score by 14 points. A man who had never shot before, propped up to fire in the direction of the target, could hardly have failed to make the necessary number. The Cup was won by Guy's in 1903 and in 1904.

Eighty Years Ago

From Guy's Hospital Gazette, 10*th July*, 1875.

Man is apt to be a copyist, and it is only now and then that we meet with one who refuses to follow in the beaten track, and chooses for himself a new and untried way. We should like to see a larger number of the latter class among medical students, for we fear that there are many who are too ready to accept the opinions and teachings of others, and to hold them as their own, forgetting to "prove all things and to hold fast to that which is good"; or they regard some one man as being almost infallible, and follow him in his theory and practice . . .

It is only by watching and comparing the various kinds of treatment, both medical and surgical, that one is able to form a right estimate of their value; and we cannot too strongly urge on our fellow-students the importance of spending a large portion of their time in the wards, so that they may judge of the value of various modes of treatment employed and gain an experience for themselves, without being obliged to accept and hold opinions which belong to other men.

NOTICES

X-RAY MEETINGS

The weekly X-ray meetings in the Gordon Museum will not be held until the end of the holiday season. The next meeting should take place in the middle of October.

PUPILS' PHYSICAL SOCIETY

It is regretted that owing to the recent rail strike the Society was unable to meet on 2nd June as advertised. This meeting will now be held instead at 5 p.m. on Monday, 11th July. Cases illustrating aspects of cardiac surgery will be available for examination in the Pre-Clinical Classroom between 5 p.m. and 6 p.m. Members will then meet at 6 p.m. in the Surgical Clinical Theatre where, after discussing cases, two films will be presented, Mr. Engel's prize-winning film *Mitral Stenosis* and one on *Hypothermia*, upon which Mr. Ross has kindly consented to give a talk. Proceedings will definitely be terminated by 8 p.m. Further details of arrangements will be found on the various Hospital and School notice boards.

The Society will not meet again before the Autumn Term. Opportunity will then be afforded members to present cases or papers of interest in competition for prizes, details of which will be published in due course.

GAZETTE SUBSCRIPTION

We remind those subscribers who have not yet paid this year's subscription that remittances should be sent as soon as possible to the Manager, *Gazette* Office, Guy's Hospital, S.E.1.

CHRISTMAS CARD COMPETITION, 1955

Readers are reminded that the closing date for this year's competition will be 30th August. A Prize of 5 guineas is being awarded to the best entry suitable for use by the *Gazette* management. Entries should be sent to the *Gazette* Office, Guy's Hospital.

THE SURGICAL RELIEF OF DEAFNESS

A Clinical Lecture given at Guy's Hospital

By PHILIP READING, M.S., F.R.C.S.

LADIES AND GENTLEMEN,—I must warn you that this lecture will be of little value in your impending tussles with the various Courts of Examiners. The Universities and Royal Colleges are generally content to assume your proficiency in the art of otology, without questioning you too closely. Not that otitis and deafness are uncommon diseases which you are unlikely to meet in everyday practice; Johnston, in a survey of 1,000 industrial workers selected at random, found active ear disease in 5.9% and evidence of former infection in 14.6%. This aloof attitude of the examining bodies, composed as they are largely of general surgeons and physicians, results from the morbid growth of specialism. Our illustrious predecessors, Astley Cooper, Richard Bright and William Gull among them, made valuable contributions to otology and at the beginning of this century, Arbuthnot Lane, foremost in orthopædic and abdominal surgery in his time, did not disdain to practise and improve the operation of mastoidectomy, and also acquired the distinction of being the first surgeon to incise the sigmoid sinus and remove from it the infected thrombus.

In the last fifty years considerable progress has been made in alleviating the lot of the deafened person, and the last twenty years have seen operations introduced and standardized for the relief of deafness.

The hearing may be damaged as a result of two different pathological and anatomical changes. When the cochlea or auditory nerve is affected (perceptive loss) alleviation is difficult and surgical treatment is quite impracticable; but deafness arising from disease of the middle ear (conductive deafness) offers prospects of improvement by surgery which increase yearly with advances in technical skill.

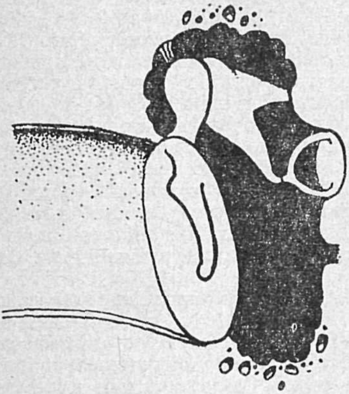

Figure 1.
The ossicular transmission mechanism.

The person who is handicapped by a conductive loss can hear the spoken word, if only it is sufficiently loud. The tympanic membrane and the three ossicles make up an impedance matching mechanism normally of great efficiency, and, when they are defective in any way, the stimulus reaching the cochlea is damped down, so that the patient perceives a faint but undistorted picture of the original sound. The conduction of the sound wave through the middle ear is hampered, but there is no impairment of the hearing when the sound is presented to the inner ear through the bones of the skull (bone conduction), indicating that the cochlea is functioning normally.

From these basic phenomena are derived the tests of Rinne and Schwabach. With normal hearing a tuning fork is heard for a longer period when its vibrating prongs are held to the pinna than when the base of the fork is pressed against the mastoid process (positive Rinne). This is reversed when conductive deafness of any degree of severity is present, and bone conduction is then found to be more efficient than air conduction (negative Rinne). The bone conduction test of Schwabach measures the patient's ability to hear by bone conduction, i.e., the cochlear capacity to hear when the middle ear is by-passed, against that of a normal observer. Any reduction in the time the fork is heard is suggestive of a cochlear defect; but in conductive deafness the fork is heard as long or longer than the normal.

The field of hearing tests is enormous and we must not be side-tracked into it; it is to the surgical treatment of conductive deafness that our attention is directed, and we cannot do better than consider otosclerosis first, because the experience of the surgical technique and results has encouraged otologists to venture into an even larger field, that of the deafness of otitis media.

Deafness from Otosclerosis.

In no branch of otology has there been such a striking advance as in the treatment of the impaired hearing which results from otosclerosis. The basic pathology of the disease is the formation of spongy new bone in the capsule of the internal ear. It may occur anywhere, but unfortunately it shows a marked predilection for the region of the oval window. Stacy Guild made a study of serial sections of 1,161 pairs of temporal bones. He found evidence of otosclerotic foci in one or other ear in 6.5% of males and 12.3% of females. In 65 specimens the patch of new bone was near the oval window, in 45 it had approached to within 0.1 mm. of the anterior margin of the window; but in only 10 was there evidence of stapedial fixation, and only in those ten people had marked deafness been present.

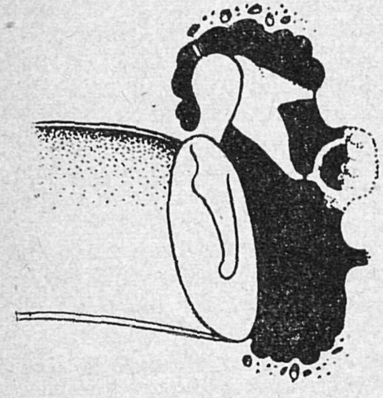

Figure 2.
The foot plate of the stapes is fixed by the growth of otosclerotic bone.

The disease is commoner in women, and there is evidence to show that there may be an exacerbation during the puerperium. Often there is a strong familial tendency.

The clinical picture is usually quite definite. The patient usually in early adult life notices slight impairment of hearing and tinnitus in one ear; gradually it grows more marked and appears in the other ear. The deafness may increase very slowly or its onward march may for a time appear to halt, but it is capable of sudden deterioration, particularly in young people and during the puerperium. The prognosis appears to be worse in the younger patients and when the deafness makes its appearance after the age of 35, the progress of the disability appears to be less rapid and the eventual hearing loss less profound.

As the movements of the foot plate of the stapes become more and more restricted by the growth of bone in the oval window, the hearing gradually deteriorates; stapedial fixation produces a loss of 60 decibels, i.e., the inability to hear more than a loud conversation voice at a distance of about a foot. In consequence, the patient finds that she derives no enjoyment from the theatre or in meeting people, and tends to become solitary. Later, the bone conduction becomes reduced and the deafness becomes more intense and assumes more the character of a perceptive loss.

The fenestration operation will relieve those whose deafness is due to stapedial fixation, provided that the cochlea is normal. Any indication of perceptive loss in addition to the conductive loss of the stapedial lesion reduces the prospects of success. The operation is not likely to give a permanent improvement if it is performed on very young people in whom it is evident that osteogenesis is actively progressing. Another relative contraindication is the presence of mental instability, because the stress before and after the operation is considerable and there are post-operative complications such as vertigo and perhaps persistent otorrhœa which must be faced by a resolute heart.

The surgical approach to the labyrinth is made through an endaural or a post-auricular incision; the skin lining the deeper part of the meatus is freed above and behind, and a tympano-meatal flap is cut. This is thinned and shaped, so that, hinging on the pars flaccida it can be turned upwards to cover snugly the inner attic wall. The mastoid antrum is opened, the incus and the head of the malleus are removed after the outer attic wall has been taken away. This brings into view the anterior end of the horizontal canal and the stapes in the oval window. Under magnification, and through a bloodless field, a window is drilled in the horizontal canal, so that the membranous canal is exposed; the tympano-meatal flap is laid over the opening and is packed firmly into position. These briefly are the steps of this most difficult and exacting operation.

What does the operation offer the patient? About 1% is made totally deaf in the operated ear as a result of surgical trauma or post-operative labyrinthitis; therefore one always chooses the deafer ear to work on. About 20% will be neither better nor worse; the cause of failure may be faulty selection, in addition to the stapes fixation there may have been undiagnosable osteogenesis in the round window. A tear of the tympano-meatal flap or a traumatic perforation of the tympanic membrane is also not an uncommon cause of this kind of failure. The remaining 80%, after these unfortunates have been subtracted, will have an improved post-operative hearing, they will be able to hear the conversation voice unaided at a distance of at least seven feet, but over the course of the next few months or years, there may be a gradual deterioration of the hearing to the pre-operative level in approximately 20%, leaving 60% with a satisfactory permanent improvement.

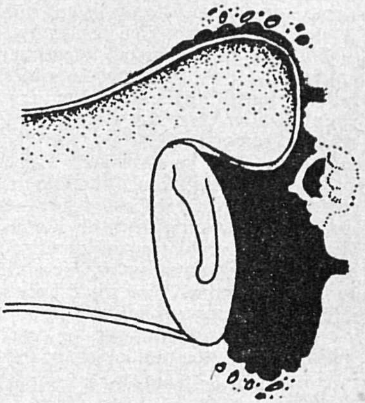

Figure 3.

Fenestration. A new window has been made in the horizontal canal and covered with the tympano-meatal flap. The oval window is by-passed.

This delayed regression of the hearing is due to the bridging across of the fenestra by fibrous tissue and new bone, so that the new window becomes completely covered with a thin shell of bone and the sound waves can no longer enter. Its cause is the growth of bone from minute bone chips which may be left lying in the fenestra or under the flap at the time of the original operation. The dramatic restoration of hearing after fenestration is an indication of the patient's cochlear reserve, not really of the surgeon's excellence; the latter is tested in the following months when fenestral closure may or may not make its appearance. In occasional cases, one can re-open the fenestra and restore the hearing, but it is a risky procedure.

What other disabilities may follow a fenestration? All the patients suffer from vertigo for several weeks, some worse than others: the better the surgical technique, the less troublesome will be the vertigo. The greater the psychological imbalance in the patient, the more disabling and protracted will be this symptom. An otorrhœa usually follows the operation for some weeks, sometimes for months or even years. Less than 2% will suffer from a temporary weakness of the facial nerve.

Before the patient is allowed to decide on the operation, she is told all these *pros* and *cons* and is given a printed sheet in which they are set out in detail. She is expected to take this home and to discuss the question with her husband, and they are both invited to attend the Ear Department, so that further questions may be answered. Everything is done in fact to ensure that the patient does not agree to this experimental surgery without being in full possession of all the facts, and above all the surgeon is wise never to do more than suggest the operation, leaving the final decision to the patient and her family.

Deafness from Suppurative Infection of the Middle Ear Cleft.

Deafness resulting from suppurative infection of the middle ear cleft is an even commoner challenge to the otologist. Acute otitis media attacking a well pneumatized mastoid may confidently be expected to resolve with little or no residual deafness, provided that treatment has been timely and adequate. It is usually found that children who have residual deafness either with or without persisting otorrhœa have been treated inefficiently. Ear drops, penicillin by mouth, one or two perfunctory penicillin injections, or even sometimes the administration of "the latest antibiotic" have been employed, instead of the now well proved treatment by the repeated injection of penicillin. Occasionally one does meet an infection with a hæmolytic staphylococcus which is resistant to penicillin, but on the whole they are exceptional. It is now unusual to find that a "clearing up" cortical mastoidectomy is necessary, and the indications for it may be as much persistent deafness as persistent otorrhœa: one judges the course of the infection as much by the hearing loss as by the volume of the discharge.

Low grade, recurrent infection of the naso-pharynx and Eustachian tube may cause an intermittent mucous otorrhœa through a substantial perforation of the antero-inferior quadrant of the tympanic membrane. The hearing defect is usually slight and only severe when a large area of the membrane has been destroyed. Astley Cooper in 1800 was the first to observe that perforation of the tympanic membrane may be associated with fairly acute hearing. His interest was aroused by a young man, who, following a long period of aural suppuration, was finally rid of otorrhœa. He noted however that when he sneezed or coughed, the long ringlets which hung from his temples were agitated by an air current. Since that time, the accumulation of experience, the improvement in testing technique and animal experimentation (Payne and Githler) have shown that the ear does suffer some impairment. The small hole reduces chiefly the lower frequencies, the large affects the upper tones in addition.

Little is known about the complexities of the transmission apparatus of the middle ear but the mechanism of the hearing loss is explicable in the following way:

1. The actual loss of vibrating surface produced by a perforation must reduce the movement of the malleus. For this reason a defect around the manubrium isolates it and is particularly liable to reduce the hearing.
2. The sound wave is able to pass through the perforation and press on the medial surface of the membrane, so damping down its movement.
3. Any defect in the tense part of the membrane allows the entire transmission mechanism to become slackened and so spoil its fine tuning.

One can sometimes improve the hearing by placing a thin patch of tissue paper, or prepared amniotic membrane, over the perforation; this simple treatment may also occasionally encourage spontaneous healing of the defect. A recent surgical advance is the successful closure of the perforation by means of a split thickness skin graft.

CHRONIC OTITIS ORIGINATING IN THE MASTOID.

Finally we have to consider that type of chronic otitis which originates in the mastoid aditus and attic of the acellular mastoid bone. Cholesteatoma and granulations, the typical pathology of this kind of disease, cause a gradual and relentless destruction of the bony walls of the middle ear cleft and also of the ossicles. The full brunt of the destruction falls early in the course of the disease on the long process of the incus and the crura of the stapes causing a break in the ossicular chain. This catastrophic event produces by itself a loss of about 28 decibels. Let us try to analyse the other forces at work in producing deafness in such an ear. It is well to remember that this type of chronic infection is very liable to erode the inner tympanic wall and so set up acute suppurative labyrinthitis, with total loss of hearing. But, leaving that aside, there are other pathological processes which contribute to the very serious impairment of hearing which will occur sooner

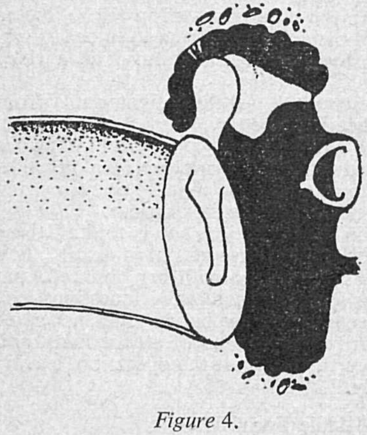

Figure 4.

Chronic suppurative otitis. The ossicular chain is broken by loss of the stapedial limb of the incus.

or later. We have considered the effect of the ossicular break and of the loss of vibrating surface as a result of perforation of the membrane. The presence of cholesteatoma, polypi and granulations produces a mechanical obstruction; their removal together with careful cleansing of the meatus and of the attic through a large perforation may bring about a considerable improvement in hearing, which may be maintained for several years if any recurrence of infection is immediately scotched.

The most profound loss in hearing follows scarring or fibrosis of the epithelium on the inner tympanic wall which impedes the movement of the stapes or the secondary tympanic membrane in the round window. It appears late in the disease or after radical mastoidectomy when this area has been too carefully cleaned by the surgeon in an attempt to eradicate every trace of disease.

The surgeon is in a dilemma when he is confronted with a patient who has this chronic infection but still possesses useful hearing. He has three aims in treatment, to make the ear safe from causing intra-cranial infection, to conserve the hearing and to stop the discharge, in that order of importance. These aims may conflict, but the prevention of intra-cranial infection must come first. One aims to be as conservative as is compatible with safety, attempting to retain the pars tensa, and to close any defect in it by a split thickness skin graft. If this graft can be made to adhere to the stapes, thus producing an artificial columella, there is the chance that a considerable permanent improvement in hearing may result.

After a truly radical mastoidectomy, when all the tympanic membrane together with the remains of the malleus and incus have been removed, sound waves can reach the cochlea only by their direct action either upon the foot plate of the stapes or upon the round window. If the former is immobilized either by fibrosis or by the unopposed action of the stapedius muscle, there appears to be the possibility that dissection of the adhesions and division of the tendon of the muscle might result in improved hearing. The experience of most otologists however indicates that such an operation is of little value; I have employed this manœuvre in ten patients, but in only one was there any appreciable improvement.

The loss of the incus and the malleus does away with the normal weighting of the stapes, so that the two windows are more nearly in phase, and consequently any vibration reaching them agitates the endolymph to a lesser extent than if they were, as they should be, out of phase. Anything which throws the windows out of phase, even a drop of secretion in the niche of the round window, may improve the hearing. That is the explanation of the not infrequent remark of the deafened patient:—"I hear better when the ear is discharging slightly." Surgical attempts have recently been made to put the two windows out of phase by isolating the round window by the construction of a new tympanic membrane overlying a reduced, air containing tympanum which communicates with the Eustachian tube.

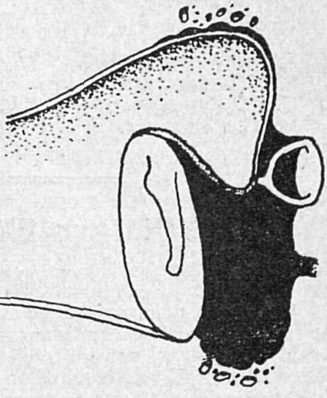

Figure 5.

The columella operation of Zöllner. A skin flap shuts the tympanum from the mastoid cavity and is attached to the stapes.

The successes obtained in relieving the deafness of otosclerosis by fenestration have led to its employment in attempts to restore the hearing lost as a result of chronic suppurative otitis media. It would appear that the factors essential for success in fenestration, i.e., stapes fixation, mobile round window and integrity of the pars tensa of the tympanic membrane are present infrequently in otitis.

Even when by preliminary surgery the infection has been completely overcome and months of painstaking after-treatment have procured a soundly epithelialized cavity, an intermediate operation will be required, a tympano-plasty with inspection of the oval window under magnification and the reconstruction of a new tympanic cavity by the provision of a new tympanic membrane from split thickness grafts in order to seal the middle ear from the rest of the mastoid cavity. Then finally the fenestration of the horizontal semi-circular canal can be undertaken.

The patient must have been carefully hand picked at the start; only a pure conductive deafness can be expected to respond to this treatment, and he is made to wear for a preliminary period of some months a hearing aid. If he can hear well with this, he is persuaded to abandon the idea of operation; but in spite of the relief afforded by the aid, not a few patients will undergo anything to be able to avoid having to use these instruments. If he cannot hear satisfactorily with the aid, one suspects some cochlear degeneration and operation is ruled out. The patient's deafness must affect both ears, the worse being chosen for the operation; on the other hand if the hearing in this ear has deteriorated below 60 decibels, no improvement can be hoped for from surgery.

Finally he has to be of sufficient fortitude to face the long period of treatment and the uncertainty of the reward. It is no matter for surprise that one can find very few patients who fulfil these exacting conditions. I have had the opportunity of operating on four patients in this fashion and can report a satisfactory result in two.

These very speculative operations will undoubtedly be of value in expanding further horizons of otology; and they are brought to your notice in an attempt to stimulate your interest in the ear, and in that disease, deafness, which to so many practitioners appears a dull and unrewarding disorder.

I am indebted to the Department of Medical Illustration for the diagrams.

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THE 1955 EXHIBITION OF ART

Graphic and Plastic Art

It is not very long since the ability to paint a picture was regarded as one of the essential social accomplishments of 'the gentry'. The medium was invariably a pale watercolour, and the subject was usually flowers or a delicate landscape. The picture itself was required to be a faithful reproduction of the model, and vitality or originality were not encouraged. Inevitably there were many talented amateur 'painters', but very few 'artists' as we understand the word today. How different it is now. For well over a decade painting has been the chosen relaxation of the no longer leisured classes, both men and women, and it is remarkable what a success they make of it. Oil paint is in general use, as well as water colour, and the robust vigour of the work reflects the painters' increased contact with reality. Sir Winston Churchill's *Bottlescape* in the present Royal Academy Exhibition well illustrates that bridging of the gap between professional and amateur artist which a talented painter for pleasure has been able to achieve.

The exhibition of paintings, drawings and sculpture by members of the staff, students and nurses of Guy's Hospital, recently on view in the Gordon Museum, included work by several artists of genuine talent and accomplished technique; by at least two young painters and one sculptor of quite unusual promise; and by a number of artists capable of producing a work which is pleasing to the onlooker as well as to the painter.

Amongst the oil paintings *Turangalila* by Jean-Pierre Voos is the most immediately arresting. It does, however, share the merits and demerits of all surrealist pictures in as much as it is on the one hand challenging and provocative and on the other hand frustrating and unsatisfying. What should be a spontaneous glimpse deep into the painter's mind proves to be no more than a somewhat self-conscious study of certain of his impressions, upon the significance of which the viewer can only speculate. The picture is certainly very well painted in opulent colour, and its immaculate execution would not disgrace Salvador Dali himself. Those who would wish the artist to display his talent in a less artificial form will have found in *Diana and John* a most praiseworthy attempt at child portraiture. The painting of the boy is charming and succeeds in capturing much of the spontaneous gaiety of a child. The treatment of the more mature girl is less happy, however. The third picture exhibited by Mr. Voos is an overpainted interior not above the mediocre by contrast with the other works.

A picture which pleased your critic greatly was *The Tower* by E. E. Smith. This style of painting is so popular that it has become quite commonplace, but Mr. Smith has contrived an original and sensitive picture. His treatment of the water in the foreground is exceptionally good. The painting is full of light and sunshine and combines vitality and tranquility to a quite unusually successful degree.

A charming picture which because of its modesty might easily be overlooked is Miss Mary Steel's *Mid-day Interval*. This little painting, executed in the simplest style, with no ambitious chiaroscuro, achieves a quality of repose reminiscent of the Dutch interiors. One would have liked to compare this picture with another by the same artist before accepting the style as one personally developed by Miss Steel herself. These subdued shades are so seldom seen in modern painting.

Alan Parks exhibits two pleasing compositions—*The Red Shack* and *Garden in the Evening*, which suggest that he may possess a natural flair for décor. These imaginative pictures are outstanding in their original use of colour, and one can visualize them as a backcloth for romantic ballet where Mr. Parks's use of the different shades of pink and green would show to full advantage. W. N. Mann proves a rather dilute Manet in his *Bandstand at Albi* and *Bridge at Nimes*. He is far more successful with his luscious and spontaneous crayon *Le Cour Mirabeau, Aix*, which has a distinct Diaghilev flavour. More in the style of the 'painting as a social accomplishment' days are A. B. Waye's two Anne Hathaway exhibits, *Robin Hood Bay* and *Mothecombe*. Although these paintings may lack natural inspiration, however, they are skilfully executed in the Birkett Foster style.

In other media Sylvia Tredgold is quite outstanding. Her *Mr. Ireland* is a work of which any artist might justifiably be proud. A most sympathetic likeness, it is also a delicate and sensitive work of art. *Malayan Squirrel* is a charming picture in a style which Miss Tredgold has made her own with great success. On the other hand, she seems much less at home with the familiar landscape and her *Millpond* is no more than commonplace.

Tenby Harbour by Pamela Carter is a delightful picture. Well drawn, excellent in form, with fresh and original colours, this picture is of high merit. Miss Carter's 'finished' style permits no errors, nor does she make any. Her humorous drawing *Guy's Garden Party* illustrates her gifts as a draughtsman.

Mary Waldron paints a rather stereotyped picture, pleasing, without displaying originality; whereas John Blaikley with his diffident and wistful *Thanksgiving 1954* and *American Countryside* contrives to paint a successful and original picture with the minimum of technical accomplishment. Leigh Parry and A. Angus are proficient amateurs whose pictures should not have been hung in juxtaposition. Their work is uninspiring and tends to the monochromatic. *Caithness Castle* seems the best of these paintings.

Three sculptors are greatly to be congratulated. These artists exhibited the heads *Charlie* (Jill Joslin), *Pony Tail* (D. I. Finer)—which has a charming, unsophisticated lightness—and especially *The Tea Planter* (Audrey Besterman). The last is an excellent head by an artist of some maturity, who has portrayed quite remarkably what appears to your critic to be a mixture of sensitiveness, humour and strength.

Of the remaining pictures few can evoke more than one set of associations, some none at all. But all, one hopes, have given pleasure in the painting, assuming that pleasure is a sensation that results from gratified desire. And that is something, after all.

N.S.

Photography

This has been the first exhibition of the newly-founded Photographic Society and its interest and popularity are reflected in the large number of entries. There were some 150 entries in black and white photography and an assortment of colour transparencies and prints by different processes.

The vast majority of the pictures were owner-processed, black and white enlargements, showing not only a very high standard of photographic skill but also a documentary record of the very wide range of interests of the people at Guy's. There were travel photographs ranging from Luxor to Japan and all over

Britain; there were photographs of animals, architecture, motor racing and of children, notably a delightful group of photographs entitled "John, Anthony, Robert and Charles" by Mr. T. L. T. Lewis. There was also a card displaying vivid photography of the bombing of Guy's.

Night photography included a very fine display of astronomical photographs and a series hinting at the night life of London and a gambling den.

It was interesting to compare the colour renderings by Agfa, Ilford and Kodachrome transparencies, and there was an excellent display of owner-processed colour transparencies by the Ferrania process.

In such a large exhibition, the photographs are bound to be somewhat crowded, but they were all well mounted and well displayed.

In conjunction with the exhibition, there have also been three lunch-time movie shows on subjects of artistic interest, at which the attendance was rather small.

This has been a most encouraging first exhibition and, for those who did not get round to exhibiting their work, there is always next time.

R.S.L.

CORRESPONDENCE

Letters to the Editor of the Gazette

Passim—a grouse

SIR,—There was a time when *Passim* seemed to me the entertaining editorial comment of 'a Journal of Medicine, Surgery, Dentistry and Hospital News', but how aggressively authoritarian it has lately become.

Recent tirades against small shopkeepers and colourful winking lights are followed by an attack on certain groups of patients tinged with a moralistic evaluation of illness unbecoming of a Medical Journal.

Three groups of patients are singled out to be made to pay for their treatment, presumably because *Passim* attributes certain malicious motives to their behaviour. Will *Passim* not add to its list other patients of whose motives they disapprove? Perhaps the attempted suicide, or the syphilitic, or the woman driven to induce her abortion 'represent luxuries which we might avoid'. I doubt if the problems are as simple as *Passim* naively suggests.

In the light of medical progress from concepts of demoniacal possession to attempts at understanding the psychopathology as well as the pathology of illness—and treating rather than judging behavioural outcomes—*Passim's* attitude is a sad reminder that we still have far to go. Could it not be that these unhappy patients, whose attempts to solve their problems require more than superficial understanding, need help rather than punishment? A more constructive suggestion *Passim* might have made is that those concerned prevail upon such patients to seek further treatment aimed at helping them to adjust their lives more happily and thus avoiding future visits to the Casualty Department.

The man who has developed the socially unfortunate habit of relieving his anxieties with alcohol (rather than with drugs, which the N.H.S. dispenses so liberally) pays heavily for his temporary relief in excise tax. In 1953 the drinkers contributed over £360 millions to the Treasury—which seems an adequate, if indirect, share of the cost of the Health Services.

Alcoholism declines progressively, but Ministry of Health figures suggest that upwards of 20 grains of Barbituric Acid (or equivalent) per head of the population per year are prescribed by practitioners on E.C.10's (and perhaps a similar amount in private and hospital practice) as the price of mental illness.

As for the economies—many of the costly investigations undertaken on such patients in hospitals reflect the anxieties of the doctor rather than the rational clinical needs of the patient. As a reviewer points out on another page of the same issue 'many decisions these days seem to be made against a background of anxiety as to the possibility of actions for damages'. X-rays formerly taken only when clinically indicated are often now a routine talisman against possible litigation, or the remonstrating Coroner.

In any case it is difficult to see why the drunk in question *needed* 2 dressers, 3 doctors, 2 nurses and a porter in the Casualty Dept., when the police are usually prepared to remain to supervise his behaviour. I have known a drunk competently treated in a Casualty Dept., where the total staff comprises a Casualty Officer, a borrowed night sister and a radiographer on call.

Will *Passim* suggest that in the bars are exhibited the charges for such treatment at the various different hospitals in the area, with approximate taxi fares to the cheaper ones, or even instruct ambulance drivers which are the most economic hospitals to treat the tiresome patient?

Yours, etc.,

I. PIERCE JAMES.

58, Chapel Street,
Marlow, Bucks.

Kwashiorkor-like Condition in Rabbits

SIR,—As Dr. J. S. Pegum pointed out in his letter the rabbits which were having a water-soluble diet and which showed a kwashiorkor-like condition were having excessive doses of Vitamins A and D added, if judged by comparison with human needs. However the ætiology of the lesions in these animals does not appear to be as simple as Dr. Pegum suggests since it has been noted that the hepatic changes occurred on the diet without the addition of Vitamins A and D. Furthermore it has been found, very recently, that despite these comparatively large doses of Vitamins A and D, rabbits can, by the alteration of one factor, be kept for considerable periods on the diet described with no evidence of liver damage.

I am most grateful to Dr. Pegum for considering this aspect of the diet and would be very pleased to learn if he has any evidence of a similar liver lesion produced by chronic Vitamins A and/or D poisoning.

Yours, etc.,

IAN MACDONALD.

Physiological Laboratory,
Guy's Hospital, S.E.1.

Bournemouth—Definitely Euthyroid

SIR,—I was amused to read in your issue of 25th June, that a physician has described Bournemouth as "myxoedematous". I suppose that in some respects he is right—life does move at a rather slower pace here than in London, except for the doctors, and for the hotel proprietors, who at this time of the year work extremely hard from 6 a.m. to midnight coping with staff problems and the vagaries of their sometimes thyrotoxic guests.

However, I think that I should bring to the Physician's notice a recent happening in this town where qualities were displayed quite unlike those to be expected in myxoedema.

Early last year the Bournemouth Municipal Orchestra, which had been suffering repeated financial crises, was given notice of dissolution following a strike by its players for an increase in wage to the level earned by orchestral players in other parts of the country. Both the action of the players and the response of the Corporation were justifiable. During a previous crisis a number of Bournemouth citizens had formed the "Winter Gardens Society" to support the Orchestra by private subscriptions and the promotion of concerts. Within a few hours of the announcement of the Corporation's action the committee of this society met and immediately decided to take over the Orchestra and maintain it as a private body. The immensity of this decision will be realized from the fact that the Orchestra's annual expenses amount to some £60,000, and hitherto £20,000 of this had to be paid out of the rates.

During the past year this "audacious experiment", as it was called by Sir Arthur Bliss, has gone from strength to strength. A new society, "The Western Orchestral Society Limited" has been formed with Sir Arthur Bliss as President and Sir Alan Cobham as Chairman to manage the Orchestra for the West of England, with Bournemouth as its centre. Grants from the Arts Council, the Corporation and other bodies are helping towards financial security. Concerts are given in towns as far afield as Cardiff, Bath and Truro, and the future of music in the West is rosier than it ever has been before.

But it should not be forgotten that this would never have happened but for the enterprise of a small but courageous group of citizens of this much maligned town.

Yours, etc.,

R. G. NICHOLSON.

3 Fitzharris Avenue,
Bournemouth, Hants.

The New Guy's

SIR,—It seems unfortunate that members of this Hospital should have to rely on the National Daily and Evening Press to obtain information on the future plans of the Hospital.

Perhaps you could find room in your columns to outline some of the measures announced by the Minister of Health and to explain in what way they will affect Guy's.

I believe the plans for the new surgical block have been on show for consultants in the Superintendent's Office but I venture to say that they interest all of us and that arrangements for all members of the Hospital to see them would be appreciated.

Yours, etc.,

JOHN S. M. ZORAB.

Guy's Hospital,
London, S.E.1

(See *Passim*—Editor)

Dr. Fison and the Theory of Relativity

SIR,—Many of us will remember this historic lecture and Leslie Godden gives the full phrasing.

Many will remember too Dr. Fison saying "Were I to rush across this room with the speed of light"—and adding with a twinkle in his eye—"But do not be alarmed, I shall not attempt to do it."

Yours, etc.,

E. D. Y. GRASBY.

Pembury Hospital,
Pembury, Kent,

Dental Self-Protection

SIR,—I have read in the *Gazette* letters deploring the dental scene, and I am certain that the practice of dentistry requires more than ordinary discipline. I believe, and here I wish to say something in a solemn way, it is necessary to have some part of the Jesuit philosophy — to fish for a long time in water without fish. Again, to have that outlook which calls forth the patience of a Tibetan Lama; ignoring and even welcoming the discomforts and the bites of small insects, who are, in any event, sacrosanct.

It is a way of life not acceptable to all. That is why I doubt if it is possible to mobilize dentistry, at its best, into any sort of Utopia.

Yours, etc.,

JOHN C. DOMINICK.

Treniffle Lodge, Lawhitton,
Nr. Launceston, Cornwall.

SPORT

CRICKET

Inter-Hospitals Cup Competition

Guy's *v.* St. Thomas's Hospital

2nd Round 2nd Replay. Result: Won
27th June, 1955, at H.O.P.

Guy's

W. Knapman, c. Moore, b. Mountfield	6
N. Cooke, b. Mountfield	31
D. Atkinson, b. Mountfield	17
R. Elsdon-Dew, not out	36
M. Mackenzie, not out	38
A. Gunn M. Morgan K. Tyrer M. Willis S. Lam M. Lyon — did not bat	
Extras	5
Total for 3 wickets	133
St. Thomas's for 10 wickets	128

Bowling	O.	M.	R.	W.
Mackenzie	14	4	38	1
Lyon	22	10	31	6
Atkinson	11	2	22	1
Willis	7.4	1	18	1

Guy's *v.* Nomads

At H.O.P. Result: Won. 12th June, 1955

Guy's

Cooke, b. Alston	22
Lipington, l.b.w. Alston	5
Atkinson, c. Custoys, b. Picton Tuberville	28
Gunn, b. Alston	7
Mackenzie, c. Crombie, b. Dadwell	3
Knapman, not out	14
Lyon, c. Wesbury, b. Picton Tuberville	24
Smith, not out	12
Extras	4
Total for 6 wickets	119
Nomads for 8 wickets declared	118

Bowling	O.	M.	R.	W.
Morgan	14	2	33	1
Mackenzie	15	4	31	5
Atkinson	9	—	41	2
Lyon	3	—	10	—

Past *v.* Present

At H.O.P. Result: Won by Past

On Saturday, 2nd July

Present

N. Cooke, c. and b. Trist, F.	24
W. Knapman, c. Trist, A. b. O'Driscoll	2
D. M. Lipington, l.b.w., b. O'Driscoll	1
M. Mackenzie, c. Cahill, b. Trist, A.	15
M. Williams, c. Cahill, b. Allan	14
A. Gunn, run out	50
M. Tuddenham, b. O'Driscoll	10
M. Willis, c. and b. O'Driscoll	0
M. Morgan, not out	5
T. Clark, not out	1
G. Bury J. Gornall } did not bat	
Extras	7
Total for 8 wickets declared	130

Bowling	O.	M.	R.	W.
O'Driscoll	10	2	23	4
Trist, F.	3	—	24	1
Trist, A.	6	2	11	1
Whitteridge	9	—	32	—
Allen	9	—	32	1

Past

I. A. M. Munro, b. Morgan	15
W. J. Howells, c. Willis, b. Mackenzie	0
A. E. Trist, not out	56
D. M. Allan, c. Gornall, b. Clark	1
J. F. Young, b. Clark	7
D. E. Tunnadine, b. Morgan	28
F. M. Trist, not out	23
F. M. Whitteridge W. Cahill K. D. Allanby A. F. Jones H. M. C. O'Driscoll } did not bat	
Extras	1
Total for 5 wickets	131

Bowling	O.	M.	R.	W.
Mackenzie	4	1	12	1
Gornall	4	1	14	—
Morgan	7.4	1	28	2
Clark	6	1	25	2
Knapman	2	—	14	—
Bury	3	—	12	—
Willis	6	1	25	—

INTER-HOSPITALS' JUNIOR CUP COMPETITION

Semi-Final

At Dog Kennel Hill. On 14th June, 1955

Result: Won

King's	19 for 10 wickets
Guy's	20 for 0 wickets

Bowling.
Drury 6 for 9; Gornall 2 for 8.

SWIMMING

Inter-Hospital Gala

Result: 1st, London; 2nd, St. Mary's; 3rd, Guy's.

The inter-hospital gala was held on Tuesday, 21st June, at the Bethnal Green Baths. Unfortunately the Guy's nurses' and physiotherapists' teams withdrew and so did not compete at all. The two highlights of the evening—from Guy's point of view—were the winning of the 100 yards butterfly stroke by J. H. Kendall, and of the diving event by J. M. Murray. Murray seriously damaged a foot during his event, but continued with a series of enterprising and polished dives—to win, in spite of his injury.

Events:

Freestyle 440 yards: 2nd, J. H. Kendall.
100 yards: 3rd, R. J. Thomas; 4th, D. Rees.
Butterfly 100 yards: 1st, J. H. Kendall.
Backstroke 100 yards: 2nd, P. R. Hewett.
Diving 1st, J. M. Murray.
Relays Medley: 3rd. Freestyle: 3rd.

LADIES' TENNIS

1st VI *v.* Middlesex Hospital

At H.O.P. Saturday, 11th June
Result: Won 8–1

A. Pountain, I. Platt: Won 3–0.
J. Craig, H. Allin: Won 3–0.
A. John, M. Brown: Won 2–1.

1st VI *v.* Shooters Hill L.T.C.

At H.O.P. Saturday, 18th June
Result: Won 8–1

A. Pountain, I. Platt: Won 3–0.
J. Craig, A. John: Won 3–0.
H. Allin, A. Chapman: Won 2–1.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1

Applications are invited for the appointment of **Neurological Registrar** (Registrar, 1st year). Duties to commence on the 1st October, 1955. Forms of application, obtainable from the Superintendent, Guy's Hospital, should be forwarded not later than the **21st July, 1955.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1.

Resident House Physician (with Casualty Duties) for six months from 1st August, 1955. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by **13th July, 1955.**

GUY'S HOSPITAL MEDICAL SCHOOL

Applications are invited for the appointment of **Assistant to the Director of the Student Health Service** (part-time). Duties to commence on the 1st October, 1955. Forms of application, obtainable from the Dean, Guy's Hospital Medical School, should be forwarded not later than the **21st July, 1955.**

PASS LIST

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M.D.

L. Haas.

UNIVERSITY OF LONDON

M.D.

John Fry

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Golding-Bird Gold Medal and Scholarship in Obstetrics and Gynaecology

May, 1955

P. D. Griffiths, Medal and Scholarship.
J. B. St. C. Cumberbatch } Certificates.
D. M. MacLaren }

PAPERS BY GUY'S MEN

Christie, B. G. B. Local Hydrocortisone in De Quervain's Disease. *Brit. med. J.*, 1955, i, 1501.

Crawford, J. P. Social Psychiatry. *St. Bart's Hosp. J.*, 1955, **59**, 174.

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Osborne, L. B. Life in the Royal Navy in the Far East II. *Brit. dent. J.*, 1955, **98**, 456.

Rushton, Martin A. Anomalies of Human Dentine (Charles Tomes Lecture) *Brit. dent. J.*, 1955, **98**, 431.

Wheatley, David. Discussion on the Use and Abuse of Antibiotics. *Proc. R. Soc. Med.*, 1955, **48**, 355.

Wyard, S. J., Nightingale, A. and Austin, I. G. Radiation Hazards in the Use of Thorium X for Skin Therapy. *Brit. J. Radiol.*, 1955, **28**, 274.

PERSONAL

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CHANGES OF ADDRESS

W. L. M. Bigby, M.B., B.S., D.A., 6 Westbourne Crescent, Southampton. (Tel. Southampton 56908).

K. M. Frew, L.D.S.R.C.S., Madgwick, Avenue Gardens, Horley, Surrey.

T. C. L. Parry, M.A., M.B., B.Ch., D.R.C.O.G., 15 St. George's Sq., Stamford, Lincs. (Tel. 3286).

BIRTHS

BROUGHTON.—On 23rd May, 1955, at Russets, Hayling Island, to Josephine (née Watson), wife of D. H. Broughton, M.B., B.S., a son, a brother for Judith, Jane and Louise.

BURT.—On 1st May, 1955, at Guy's Hospital, to Pamela (née Henville), wife of John C. Burt, M.B., B.S., a daughter (Susan Jane).

CANDY.—On 4th June, 1955, at Farnborough Hospital, Kent, to Jean (née Gillbard, M.B., B.S.), wife of John Candy, F.R.C.S., a son (Jonathan), a brother for Michele.

EMSLIE.—On 21st June, 1955, at Chipstead, Surrey, to Dorothy and Ronald Emslie a third son (Dennis Maxwell).

HASLETT.—On 27th March, 1955, at Sekondi, to Dorothea (née Attree, S.R.N.), wife of H. G. Haslett, a daughter (Joan), a sister for Mary and Peter.

O'CONNELL.—On 11th June, 1955, at Queen Charlotte's Hospital to Pamela (née Roberts), wife of Michael H. O'Connell, L.D.S.R.C.S., a son (Andrew Michael).

PAGE.—On 23rd May, 1955, to Nancy and Denys Page, a son (Anthony Scott), a brother for Christine.

MARRIAGES

GREEVES—LEWIS.—On 11th June, 1955, at St. Johns Church, Blackheath, S.E.3, John Greeves to Jillian Lewis.

HARRIS—GOSSAGE.—On 2nd July, 1955, at St. Pauls Anglican Church, Valetta, Malta, Peter Harris, L.D.S., R.N., to Carol Gossage, S.R.N.

DEATHS

BENNETT.—On 25th June, 1955, Richard Shaw de Courcy Bennett, M.R.C.S., L.R.C.P., of Collingwood Lodge, Camberley, Surrey, aged 70 years.

NORTH.—On 15th June, 1955, William Henry George North, L.D.S. (Guy's, 1927) of 28 High West Street, Dorchester.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1748 *23rd July 1955* *One Shilling*

PASSIM

> *"Fourteenth of March, I* think *it was," he said.*
> *"Fifteenth," said the March Hare.*
> *"Sixteenth," said the Dormouse.*
> *"Write that down," the King said to the jury; and the jury eagerly wrote down all three dates on their slates, and then added them up, and reduced the answer to shillings and pence.*

A SITUATION combining Carrollian logic and Gilbertian paradox was brought before the magistrates at Chippenham recently, when a firm of advertising agents was taken to task for informing readers of *Woman* that "Jaffa grapefruit is rich in protective Vitamin A and wards off colds, 'flu and other winter ills." The case against them was not, as might have been supposed, that Vitamin A has no prophylactic value in these conditions, nor even—as the law might have been at some pains to point out—that grapefruit contains no Vitamin A but only its precursor, carotene. No, the prosecution's case was subtler than that. It rested on the fact that "it would be necessary to consume 170 grapefruit to obtain the prescribed daily requirement of vitamin." At this point we become involved in a mathematical theorem the proof of which can only be known to the inspector of the weights and measures department of the Wiltshire County Council. The data were these: "Analysis showed that one grapefruit contained 1/340th of the necessary daily requirement of vitamin or mineral content. The regulations required a content of one-sixth." Thence the conclusion that it would be necessary to consume 170 grapefruit, etc., Q.E.D.

The advertising agents were fined £10 with three guineas costs amid apologies all round. "While the defendants were most helpful once their attention was drawn to the matter and immediately withdrew all references to vitamin in their advertisements, the county council felt the claim made was so misleading that they had no alternative but to institute proceedings." In mitigation it was said that this was the firm's first experience of this type of advertising, and that they relied on an American analysis in their possession! At considerable expense the advertisements had now been altered. And that, they all thought, was the end of the matter. Justice had been done in the best British tradition.

But had anyone stopped to think of the greater expense to the public, and the immense profit which might accrue to the marketers of Jaffa grapefruit following this *cause célèbre?* Which of us does not know more than one person who, obsessed with the search for a panacea against colds, 'flu and other winter ills, and reading this account in the most reputable of our daily newspapers, would not gladly fall to the Gargantuan task of eating 170 grapefruit a day in the sure knowledge that seasonal ailments would visit him no more? And if, notwithstanding his faithfully followed diet, one of these should still fall victim to the common cold, who then would be responsible? Who would be liable for damages for the recovery of the price of say 17,000 Jaffa grapefruit? We have not heard the last of this case.

We record with deep regret the death of Mr. S. B. Askew, who has been a Governor of the Hospital since 1944. Mr. Askew, who died on 9th July at his home in Sussex, had earned the gratitude of all of us at the Hospital on at least two separate counts: firstly, for his sterling service to the governing body and, secondly, because of the generous gift of a house on the South Coast, "Thatchings" which has been so popular a rest home for Guy's men and women and will be indeed a continually appreciated memorial to Mr. Askew.

An appreciation written by the Clerk to the Governors appears on p. 295.

At the 1954 Annual General Meeting of the British Medical Students' Association, the Minister of Health invited that Association to submit its 'considered views on the working of the Medical Act, 1950'; which, after consultation with students from all over the United Kingdom, it has now done. The importance of this is the setting up, on the initiative of the Minister, of what would in other circles be called 'negotiating machinery', and it is to be hoped that the cordial relationship between the Association and Ministry will long remain. In the Memorial submitted to the Minister it is notable that the B.M.S.A.—which originally complained about the imposition of a year's compulsory house appointments on students who had started their medical education before there was any indication that such legislation might be introduced—now takes the reasonable view that this merely makes obligatory what had long been customary, and reports that 'the large majority of medical students readily accept the current regulations'.

The *Manchester Guardian* of the 4th July made a most touching comment on the dental services provided every night at Guy's. Mrs. Elizabeth Stucley wrote in that paper an account of her travels through London in search of a dentist. She succeeds in describing magnificently our resident dental house surgeon. The comment ascribed to him would seem to be very accurate. For, when asked about night dental facilities in London he said "As far as I know, all the other hospitals send everyone with toothache to us. 'Try Guy's' they say. I wish I knew the chap who started that rumour." Certainly this is one of the services of the Hospital which is most appreciated. We suspect that the greatest appreciation comes from the body of stalwarts whose teeth, like the editorial fangs, only ache for a restricted period between 1 p.m. on Saturday and 9 a.m. on Monday morning—with special performances at night only during the week.

GUY'S DIARY

JULY			**Exhibitions.**
			Department of Surgery. *The Surgical Relief of Pain.*
			Skin Department. *Cutaneous Manifestations of Visceral Malignancy.* Gordon Museum.
25th	M	1.00	Dr. Charles Baker. Clinical Lecture.
29th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *The Treatment of Barbiturate Poisoning.*

OBITUARY

SIDNEY BRUCE ASKEW

B.L.R. writes:

Mr. Askew, who died on the 9th July, 1955, was a Governor of Guy's Hospital from 1944 until his death.

From the day he first attended the Hospital he took the keenest and most personal interest in its welfare, and particularly did he interest himself in the wellbeing of the staff. Others have given larger benefactions, but no one has given more thought to the men and women who work at Guy's.

The first of many acts of kindness was to arrange for the purchase at no cost to the Hospital of a large house and extensive grounds near Redhill, which are now used as a Preliminary Training School for Nurses. His next gift, and one for which he will be long remembered, was to make over to trustees for the benefit of Guy's his beautiful seaside home at Bognor Regis, which is used as a holiday and rest centre for students and staff of the Hospital. A man of vision, he would not have the home reserved for any one group of staff—all had to be welcome—and his gift has proved one of the most appreciated developments associated with Guy's.

But it would be doing him less than justice if it was inferred that his memory at Guy's is linked only with his benefactions. All who had the privilege of working with him regret his passing. His kindnesses and endearing personality will always be remembered. He brought a depth of human understanding and profound wisdom to the many problems that came before the Committee on which he served, and these qualities were always apparent in the decisions he helped to make.

On more than one occasion, he commented how much he regretted that, many years before he accepted the invitation to join the Board of Governors, he had refused a similar invitation, and it was perhaps that thought that in later years spurred him on to continue to serve the Hospital when considerations of health might have suggested otherwise.

The motto of the Hospital, *Dare Quam Accipere*, truly reflected his attitude to life. Guy's has lost a Governor, patron and friend it could ill afford to lose, and we are all the poorer through his death.

DENTAL SOCIETY

The following officials of this Society have been elected for the Session 1955-1956:

President: J. W. Mansie, Esq., F.D.S., M.R.C.S.

Hon. Secretary: D. F. Keane

Hon. Assistant Secretary: M. A. Gillon

Hon. Treasurer: H. C. Pritchard

Year Representatives: W. M. Boyle
D. T. McA. Grummitt
W. A. Dearlove
E. E. Silcock
D. C. Inman

Dinner Secretaries: E. J. Taylor
D. A. Rees.

THE GUY'S HOSPITAL CRICKET CLUB CENTENARY BALL

In order to commemorate the Centenary of the Guy's Hospital Cricket Club, a ball was held at the Park Lane Hotel on the evening of 1st July. The occasion served also as a reunion for a number of Guy's men who had represented the Hospital on the cricket field in the past, and it was especially pleasing to see so many members of the staff present, including the President of the Cricket Club, Dr. E. R. Boland.

It must have given the older cricketers great pleasure to see Mr. Harold Kirby and Mrs. Kirby present, and looking very fit despite years of work looking after the ground at Honor Oak Park. In the mass of dancers one was able to single out Drs. O'Gorman, O'Driscoll, Alderman and Munro and Mr. Coffey and there were many others such as Dr. D. Tunnadine, W. Howells and A. Cahill who were playing recently. A large table was occupied mainly by members of the staff with their wives, including Mr. Glover and Drs. Scott, Allanby and Mackenzie who are active members of the Silhouettes C.C., and on other tables were parties including almost all the members of the present 1st and 2nd XI's. M. Willis, who is captain this year, was present together with Mr. H. F. J. Willis his father, who is a Vice-President of the club, and Mrs. Willis; both are constant supporters of the team. In fact one could hardly see anyone present who could not, if the occasion demanded, play a decent off-drive or turn a ball sharply from leg, and by the end of the evening, one even suspected that perhaps one or two of the barmen were concealing their talent for bowling googlies.

In the early part of the evening the dancing was to the music of Arthur Salisbury and his band. At eleven o'clock an excellent dinner was served, and following this the dancing was resumed with renewed vigour. Shortly afterwards, the arrival of "The Major" with his bagpipes increased even further the obvious enjoyment of the dancers when he played for Scottish dancing. In the Eightsome Reel, there was more evidence of enthusiasm than of skill, and several sets came to a premature end. Others, although obviously in difficulty, combined the traditional British virtues of rapid improvisation and refusing to be beaten, and thereby succeeded in staying the course. The Scots present danced superbly and we were also treated to some intriguing variations from the other side of the Atlantic. It hardly needs to be added that everyone was tired long before "The Major".

The general concensus of opinion about the Park the following morning was that this was one of, if not the, most enjoyable function of its kind in recent years, and thanks must go to the organizers of the ball, and to all those who supported the event so splendidly.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 12th July, 1930.

It was with satisfaction that we noted a few days ago that the heliotherapeutic season has started at Guy's—though the day chosen for its rather timid and furtive inauguration was unfortunate, for on the one day on which the sun had forgotten to shine for the last three weeks, we beheld a small child, aged 5, squatting miserably on the grass in the Park, endeavouring vainly to warm its shivering naked body by hugging itself cabby-fashion. Let not the authority by whose order this pathetic picture was caused be disheartened, however; the sun is bound to reappear and the idea is thoroughly sound.

We have recently been told that too much sun-bathing is bad, but we incline to agree with the authority on heliotherapy who said that England is the finest country in the world for sun-curing, because there is never too much sun—nor do we suspect a cynical element in this aphorism, for who could suspect a heliotherapist of cynicism? Perennially we notice half-hearted attempts to follow out the prescription here at Guy's, and we can only hope that the treatment, which at least has the merit of costing the Hospital nothing, may become more universal during the summer months this year. Every week-end finds the Theatre balcony groaning under the weight of bare-chested deck-chaired College dwellers, sun-bathing to the best of their ability "in this salubrious Borough." Why should we deny our patients the same easily obtained benefits? Is it, as we fear, because the minds of some of us run too much in a groove?

From Guy's Hospital Gazette, 26th July, 1930.

Treatment by Heliotherapy.

Sir,—I wish to thank you for drawing attention to the inefficient way in which treatment by heliotherapy is carried out in our Hospital. Since the onset of Spring I have been trying to get every one of my mastoid cases treated by this method, with the success to which you refer in your note in *Passim*. You are, however, mistaken in your description as to the reason for the small boy holding his arms in an unusual position: this was due to the fact that he was sent out into the Park with a pair of breeches devoid of any means of suspension. Not that the child would have minded their falling down were it not that, in this position, they would impede his progress. He therefore tried holding them up with his two forearms; in this way he was able to walk about slowly, but was quite unable to run . . .

Yours truly,

T. B. LAYTON.

THE TREATMENT OF ANÆMIA

A paper given at a symposium for general practitioners at Guy's Hospital Medical School on 23rd April, 1955

By W. N. MANN, M.D., F.R.C.P.

Classification.

LADIES AND GENTLEMEN,—There are three main kinds of chronic anæmia; those due to insufficient intake or absorption of certain nutritional factors, aplastic anæmia and hæmolytic anæmia (Fig. 1). The commonest cause of severe chronic anæmia is continued bleeding; this causes anæmia especially if the ingredients necessary for red cell formation are insufficient in the diet, or if they are insufficiently absorbed. In practice, it is the absorption of iron which may not keep pace with its loss from frequent bleeding as from piles or menorrhagia, so that the anæmia of chronic blood loss is an iron-deficiency anæmia and may indirectly be put in the "nutritional" group.

CLASSIFICATION OF ANÆMIA

A. DECREASED BLOOD FORMATION.
   1. NUTRITIONAL DEFICIENCY.
      (*Protein, Iron, Vit.* B_{12}, *Folic Acid*).
   2. MARROW DEFECT.
      (*Aplasia*).

B. INCREASED BLOOD DESTRUCTION.
   (*Hæmolytic anæmia*).

C. EXCESSIVE BLOOD LOSS.

Figure 1.

Aplastic anæmia is self-explanatory. The bone marrow may have been destroyed by various toxic substances, for example by industrial benzene derivatives, or from sensitization to drugs (notably today to chloramphenicol). Sometimes destruction occurs without known cause. If the diagnosis be certain, transfusion is the only treatment.

The hæmolytic anæmias are not common. In this country, the variety most frequently seen is familial acholuric jaundice. Other less common causes are paroxysmal hæmoglobinuria and acute hæmolytic anæmias of various or unknown origin. In warmer countries, malaria is a frequent cause. Jaundice is often a prominent feature in hæmolytic anæmia, although it is not always so. Treatment must vary according to the cause, but cortisone may be effective in controlling severe hæmolytic crises, even though it may not be curative.

These two groups of anæmia can now be put aside and I shall consider the management of what remains: the "nutritional group". These make up by far the greater number of those examples of anæmia seen and treated in practice. Treatment depends upon diagnosis and the application of what is known about the rôle of the various substances necessary for formation of the blood. It is only in the last few years that our knowledge has become sufficient to put treatment on an almost completely rational basis.

Diagnosis.

The treatment of anæmia depends upon a correct diagnosis. The questions are, first, is the patient anæmic at all, for pallor may be most deceptive. Secondly, is the anæmia due to iron deficiency—by far the most common cause—or is it due to deficiency of some of the other factors concerned in hæmopoiesis, notably Vitamin B_{12} (cyanocobalamin), or folic acid. Clearly, the answer can in many cases only be given for certain after detailed hæmatological examination; but with iron deficiency, at least, clinical evidence may be almost certain. Koilonychia, a smooth tongue and sometimes perlèche are signs of iron deficiency which may confirm the history—one of continual small loss of blood, or a diet poor in iron. With such evidence one can go ahead and treat the anæmia. But in suspected examples of anæmia due to other causes, the anæmias of Addisonian or pernicious type, those seen in the sprue syndrome, nothing is more improper than speculative treatment which may only serve to mask the true nature of the anæmia from the hæmatologist.

Treatment.

The substances required for the maturation of the red cells and for filling them with hæmoglobin are many, but deficiency of only a few of these contributes to clinical anæmia. The first essential is sufficient protein in the diet to form the stroma of the red cells; in the United Kingdom at any rate protein intake is rarely, if ever, inadequate and, therefore, need concern us no more. The three essentials, lack of which does lead to anæmia, are iron, vitamin B_{12} and folic acid. Both vitamin B_{12} and folic acid play a part in the maturation of the red cells. Iron, on the other hand, is concerned almost exclusively in the formation of hæmoglobin. It therefore comes about that deficiency of Vitamin B_{12} or folic acid tends to produce an inadequate number of cells with, perhaps, an unusually large amount of hæmoglobin in each cell, that is a hyperchromic and megaloblastic anæmia; in iron deficiency the cells are plentiful but inadequately filled with hæmoglobin and the anæmia is consequently hypochromic and microcytic.

Rational treatment of the great majority of anæmias in practice depends upon knowing how these substances are utilized, which is deficient and how it may best be given. This can be done only by considering the physiological rôle in hæmopoiesis of these three substances.

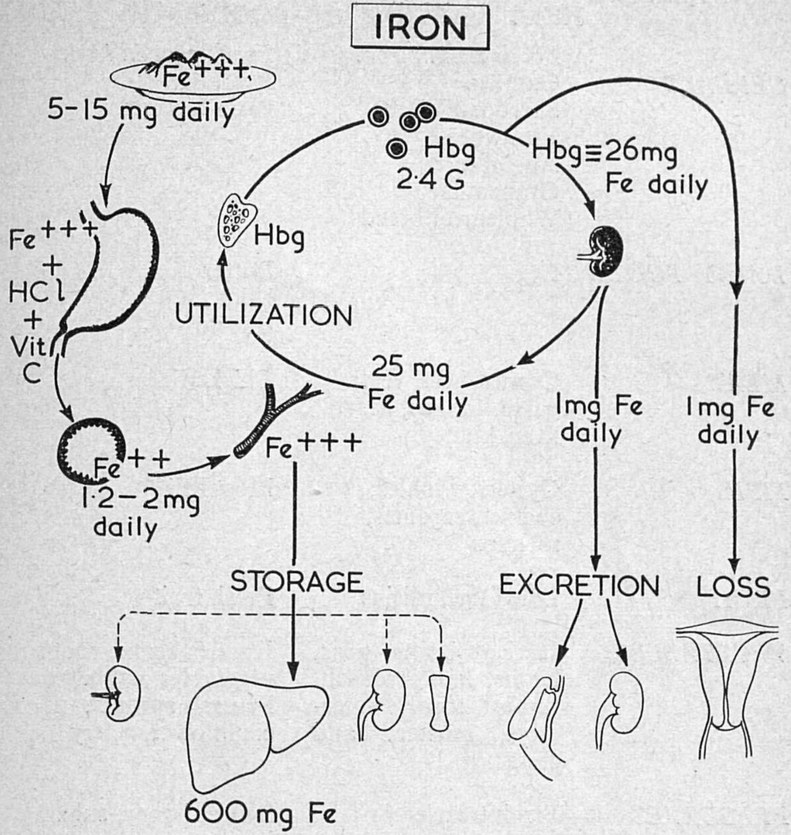
IRON.

Since Sydenham's day, iron has been used in the treatment of anæmia. Although such an early introduction of iron might be thought to show scientific perspicacity, it is probably more the result of accident than design for in ancient days it was customary to drink the water in which a sword had been dipped in order to acquire some of its strong and supple qualities.

It has but recently been realized that the body is capable of excreting only very small quantities of iron. If the balance between intake and output is to be preserved, it must also be true that the body takes in very little iron, the iron liberated from broken down red cells being used again and again. Figure 2 shows this and the quantities of iron involved. A man excretes rather more than 1 mg. of iron a day. An adult woman loses, in addition, an average of a further 1 mg. a day from menstruation. It follows that only one or two milligrams of iron are absorbed daily to make good this loss. The body effectually controls, at the barrier of the intestinal mucosa, the absorption of iron so that no more is taken in than is needed. Indeed, the amount of iron in an ordinary diet is not very big and lies between 5 and 15 milligrams daily.

When the diet is deficient in foods with a high content of iron (see Fig. 3), dietary iron may be at a critically low level so that any factor interfering with its absorption or increasing its loss by bleeding may lead sooner or later to an iron deficit and consequently a hypochromic anæmia.

I have already mentioned a deficiency of dietetic iron, but all iron eaten is not necessarily utilized. Iron in the food is in the ferric form and must be reduced to the ferrous form before it can be absorbed. Ferric salts are relatively insoluble, but their solubility is increased by the presence of hydrochloric acid. Patients with



THE METABOLISM OF IRON

Iron in food is chiefly in the form of ferric iron. Between 5 and 15 mg. are taken daily.

Iron compounds dissociate in the stomach in the presence of hydrochloric acid and ferric iron is converted to ferrous iron. This is absorbed in the upper part of the small intestine in an acid medium in combination with a protein. In the plasma, iron takes on again its ferric form.

Between 1 and 2 mg. of iron are absorbed daily.

The red cells contain about 2.5 g. of iron as hæmoglobin. 26 mg. of iron are released each day from the breakdown of red cells. Of this, 25 mg. are used to form new hæmoglobin and 1 mg. of iron is excreted daily in the bile and urine. An adult woman may lose an average of 1 mg. of iron a day from menstruation.

Apart from iron present in the blood, the myoglobin of muscle contains iron. Iron is stored in the liver and, to a less extent, in other organs. The total amount of iron thus stored amounts to 600 mg.

Figure 2.

achlorhydria therefore absorb iron less readily than those with free acid. When achlorhydria is associated with a slight excess of iron loss in the menses and perhaps a diet low in iron, it is easy to understand the genesis of simple achlorhydric hypochromic anæmia and why this is a disease of women.

Reduction of iron to the ferrous form is assisted by the presence of ascorbic acid. Reduced iron then passes through into the blood stream where it becomes ferric iron again and takes part in the formation of hæmoglobin.

IRON CONTENT OF FOODS

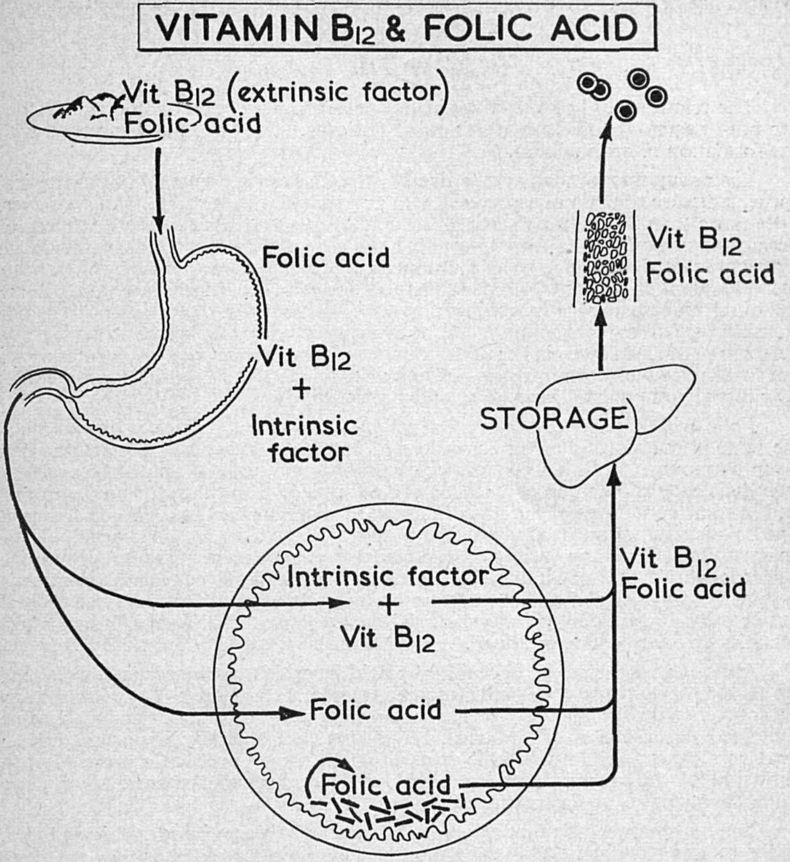
	Foods rich in iron.	*Foods poor in iron.*
CEREALS	Oatmeal Shredded Wheat Vita-wheat All Bran Grapenuts Wholemeal bread	Pearl barley Plain biscuits
DAIRY FOODS	Egg	Butter Milk Cheese
MEAT	Corned beef, veal, game, tongue, heart, liver, kidney	Chicken
FISH	Oysters, winkles, cockles, sardines, shrimps	Most fish
FRUIT	Dried figs, raisins	Fresh fruit
VEGETABLES	Haricot beans, peas, lentils, kale, spinach, turnip tops, watercress, mustard and cress	Runner beans, root vegetables, cabbage, Brussels sprouts, cauliflower, celery
PRESERVES	Black treacle	Syrup, honey, sugar, jam, marmalade
BEVERAGES	Bovril, Oxo	Malted milk

Figure 3.

The stores of iron in the body amount to about 600 mg. or one quarter of the amount of iron present in the circulating blood. It follows that a moderately severe hæmorrhage could only be made up by the utilization of the entire resources of the body and a rather greater hæmorrhage would lead to an iron deficiency anæmia. It would take some time to recover if one did not supplement dietary iron with iron in medicinal form.

No one will doubt then the efficiency of iron, if necessary given with hydrochloric acid, in the treatment of this group of anæmias whether caused by impoverishment of the diet or by excessive bleeding such as menstrual loss, or, as is so common in women, by a combination of both.

It is rarely necessary to give iron by any other than the oral route. Ferrous sulphate, ferrous gluconate, or the scale preparations are usually well tolerated so long as the dose prescribed is not excessive. Nevertheless, one hears a great deal about refractory iron deficiency anæmias in which patients fail to respond to what appear to be adequate doses of iron by mouth. I think in most cases this depends upon failure of the patients to take the iron, either because it upsets their gastro-intestinal system, or from negligence. Consequently, now that intravenous preparations of iron are available they have become extensively used, although perhaps fortunately, occasional alarming reactions and the discomfort of the


VITAMIN B12 & FOLIC ACID
Vit B12 (extrinsic factor)
Folic acid
Folic acid
Vit B12
+
Intrinsic factor
STORAGE
Vit B12
Folic acid
Intrinsic factor
+
Vit B12
Folic acid
Folic acid
Vit B12
Folic acid

VITAMIN B_{12} AND FOLIC ACID

Vitamin B_{12} (cyanocobalamin) is now identified with Castle's extrinsic factor; *it is present in food. The stomach secretes the* intrinsic factor *which is necessary to permit the absorption of* extrinsic factor *from the lumen of the small intestine into the blood stream. Once in the blood stream vitamin B_{12} is stored in the liver. It is necessary for maturation of the red cells.*

Folic acid is derived both from the food and as a metabolic produce of bacteria in the small intestine.

Both vitamin B_{12} and folic acid are necessary for the full maturation of the red cell and the absence of either, or both, may cause megaloblastic anæmia.

Figure 4.

injections have limited this to some extent. The introduction of preparations of iron for intramuscular use makes the administration of parenteral iron very comfortable. A warning is necessary here however because the amount of iron given at a single dose parenterally may be as much as 100 mg., that is as much as a normal man would excrete in four months. We do not yet know the effects of prolonged overdosage of iron in man, but in experimental animals, the iron is laid down in various tissues, in particular the testes.[1] It is believed that hæmachromatosis is a condition in which the intestinal mucosa has lost its power to "refuse" iron which the body does not need; unable to excrete it, iron is retained with consequent fibrosis and destruction in many organs.[2]

Iron given by mouth has no serious disadvantages; the intestine will refuse what is not needed. Given by injection, dosage must be nicely calculated.

VITAMIN B_{12} AND FOLIC ACID.

The relationship between vitamin B_{12} and folic acid remains uncertain; they are both necessary for the maturation of red cells. They are not concerned with the formation of hæmoglobin.

Liver soup was for many years given by the Chinese in the treatment of tropical sprue, a disease sometimes associated with a megaloblastic anæmia. It is, however, little more than 25 years ago since liver extract was first used in the treatment of pernicious anæmia. We now know that the essential hæmopoietic ingredient in liver extract is vitamin B_{12}. This substance may be identified with *Castle's extrinsic factor* present in the diet (Fig. 4). It is, however, not absorbed through the intestinal mucosa except in conjugation with the *intrinsic factor* secreted by the stomach which renders vitamin B_{12} transmissible into the blood stream. The defect in pernicious anæmia lies in the absence of this *intrinsic factor*. Once through the small intestine, vitamin B_{12} is active by itself; the rôle of *intrinsic factor* shows why this vitamin must always be given by injection.

Folic acid is also necessary for red cell maturation and its lack produces much the same hæmatological picture as is seen in pernicious anæmia. It is active when given by mouth. Folic acid deficiency occurs in some cases of steatorrhœa (where iron deficiency is common as well), in some forms of tropical nutritional anæmia, and in some conditions of the small intestine in which its bacterial flora is changed. The relative importance of vitamin B_{12} and folic acid in causing megaloblastic anæmia varies from one variety of anæmia to another. In pernicious anæmia, the defect is wholly that of vitamin B_{12}, in tropical nutritional megaloblastic anæmia and in the refractory megaloblastic anæmia of pregnancy, the disease is largely if not entirely due to lack of folic acid. The megaloblastic anæmia of steatorrhœa occupies an intermediate position[3].

Although both vitamin B_{12} and folic acid have this hæmopoietic activity and are to some extent therapeutically interchangeable, only vitamin B_{12} exercises any neuropoietic activity, and only pernicious anæmia may be complicated by subacute combined degeneration of the cord. It is therefore specially important not to treat pernicious anæmia with folic acid, although it may produce a most effective remission of the anæmia, lest irreversible degeneration of the cord takes place while the patient is under treatment.

The best treatment is that which is the most suitable and does the least harm. In the rational treatment of anæmia the drugs employed, so long as they are given by mouth, can do little harm even when given in excessive doses. There is, however, little excuse for their use as mere tonics or placebos; there are better things for that purpose in the pharmacopœia.

I wish to thank Miss M. E. Waldron for drawing figures 2 and 4.

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2. Houston, J. C. and Thompson, R. H. S. (1952), *Quart. J. Med.*, **21**, 215.
3. Wintrobe, M. M. (1951), *Clinical Hæmatology*, 3rd ed., London, 495.

A WARD TRAGEDY

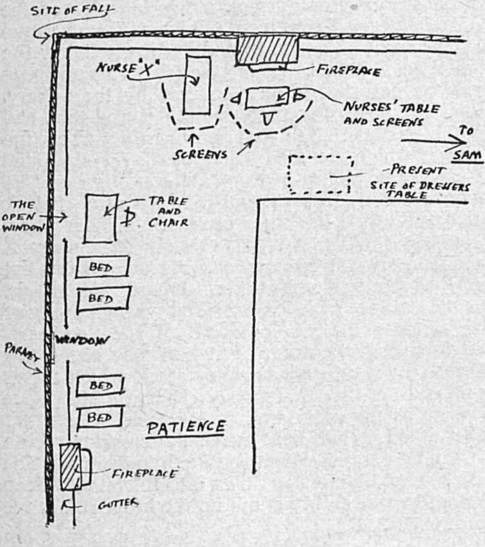
By PHILIP TURNER, M.S., F.R.C.S.

This article was the last to be received from Mr. Philip Turner before his death. Mr. Turner, Consulting Surgeon Emeritus to Guy's Hospital, was a regular contributor to the Gazette over a period of fully 50 years.

ONE summer morning in 1921, when I was an assistant surgeon, I was asked by my colleague, Mr. Frank Steward, if I would take charge of his beds while he was away for a week-end. All the beds were occupied and with one exception, the patients were doing well; so it did not mean much extra work. The exception was a junior probationer nurse, whom I will call "Nurse X", who had been admitted to *Patience* ward some time before with erysipelas of the face. As regards the actual disease she had done very well. All signs and symptoms had completely cleared up and the temperature had been normal for some days. She had never been delirious, or attempted to get out of bed, or given trouble in any way; and there had never been any question of an operation. But Steward told me that he was worried about her mental condition. She was very reserved and introspective and appeared to be quite indifferent to her illness and progress. He hoped that she would improve with convalescence but if this should not happen he intended to ask the Physician for Mental Disease to see her and advise as regards her future occupation and prospects.

Patience and *Samaritan* have changed but little since the first world war; not only have they retained their names but the internal arrangements are very similar, though there are a few changes which have a bearing on the events to be described. They have the inverted L-shape of the surgical wards and the sloping attic roof gives the wards a very attractive appearance.

In the old days there was on entering, immediately to the left, a door leading to the balcony. Now the entrance lobby has been lengthened to take in this door so that one has now to leave the ward to get to the balcony. Halfway along the outer wall there was, and still is, a large fireplace on each side of which are two windows with an outlook to the park. The windows were of an unusual type; instead of being provided with sash cords the lower segment was fixed, while the upper segment was provided with bolts and hinges allowing it to be turned down as a flap over the lower segment, leaving a large opening for ventilation, but some were provided with a catch which limited the extent of opening. The last of the four windows already mentioned had the fully opening upper segment. It has since been replaced by a casement window of modern type. In front of this window was a large heavy deal table provided with writing materials where dressers and ward clerks could write up their reports. At night-time any vases of flowers were removed from the patients' lockers and placed on this table.



A short distance beyond the fourth window the ward turns at right angles to form the distal limb of the '⌞'. Half-way along this is a second fireplace, opposite which is the large table which has been moved from its original position. Just before this second fireplace was the bed occupied by Nurse X, in practically the same position as the present Bed 6. It was enclosed by two screens to give a degree of privacy.

I saw Nurse X on Friday, Saturday and, for the last time, on Sunday morning. I came to the same conclusion as Steward: as a patient she gave no trouble and had made a good recovery but was very self-centred and reserved. She had been visited each day by Matron and on Sunday afternoon by some relations; no one noticed anything unusual in her speech or behaviour.

That night the house surgeon came to do his round at a few minutes after 10 o'clock. When he and the head nurse came to Nurse X they went inside the screens with the object of saying a friendly " good-night ". But she seemed to be soundly asleep, and as her condition was unchanged they did not wake her. Having finished the round in *Patience*, they went through into *Samaritan*, which was smaller in those days as the further end of the ward was then put to other uses. One of the patients required some attention so that the round there took rather longer than usual.

They then returned to *Patience* and on their way to the entrance, when passing Nurse X's bed, they looked behind the screens to see if she was still asleep. But the bed was now empty ! At first this did not cause much surprise as she was allowed up; but when a search of the ward, annexes and balcony was unsuccessful and it was certain that she had left the ward, the alarm was given. But an air of mystery was given by a patient in a bed near the door who was awake and said that she had not seen anyone enter or leave after the arrival of the House Surgeon.

Helpers were quickly found and a thorough search was made of the surgical block. The first clue was found in the ground floor ward, three floors below *Patience*. This was a male accident ward (*Cornelius*) and is now the office of the Clerk to the Governors. The nurses there had been startled by a loud crash, apparently in the ward above. Thinking that there might have been a serious accident, the Head Nurse had instinctively looked at the clock and noted that the time was 10.20. At that time the house surgeon and the nurse had gone through from *Patience* into *Samaritan*.

This led to a search outside the surgical block and the missing patient was soon found. There was in those days a narrow passage along the side of the surgical building leading to the old chemistry department. Nurse X was found in this stone-paved passage a few steps from its entrance and vertically below the right angle turn in the parapet outside *Patience*. This passage has now been obliterated by modern building and its entrance is now covered by the bakery. In her fall she had struck the edge of the roof of some outbuildings and then had a second fall to the pavement of the passage. She had thus had a double fall which accounted for her severe injuries which included fractures of the skull and pelvis. Though unconscious, she was alive, but in a desperate condition and all the searchers could do was to carry her to the nearest ward, which was *Miriam*, the female ward of the old clinical block which has since been demolished, where she died without recovering consciousness. At first it was thought that Nurse X had somehow managed to leave the ward by the balcony without being seen, but investigation next morning showed that this was impossible. It was, and still is, easy to get from the balcony on to the parapet which is provided with a coping of stone slabs about 12 inches wide running the whole length of the ward and continued beyond the right angled turn at the corner. But half way along this there is an impassable obstacle formed by a massive chimney stack which serves the fireplaces in the lower wards as well as that in *Patience*. The outer surface of this was formerly in the same plane as the outer wall of the building, so that for a few feet there was no parapet at all. Even now when the stack has been rebuilt there is only a very narrow sloping parapet which is quite impassable. The only way to overcome this obstruction would be to step down into the narrow deep gully between the parapet and the sloping roof and to climb up the latter round the stack—a very difficult feat even in daylight.

Attention was now directed to find some other possible method of leaving the ward and it was soon realised that there was a way and one way only. That was by the 4th window, the upper flap of which was fully open. In front of the window was the large table with writing materials and a chair for anyone using them, and also vases of flowers from the patients' lockers.

There can be no doubt that the whole procedure had been most carefully and thoroughly thought out and planned. The table was only about six yards away and in full view of her bed. She had probably become familiar with the ward routine and knew the house surgeon and nurse went through into *Samaritan* and there would be a few minutes when she could be unobserved. Possibly the plan had been thought out some days before, but this had been the first time when there had been no strangers in the ward, no operation, no patients awake and talking, and all conditions were favourable. When first visited during the round she must have been shamming sleep. Directly she heard the house surgeon and nurse go into *Samaritan*, she must have slipped out of bed, and, after a rapid glance round the ward, walked the few steps to the table which, with the help of the chair, she mounted and either avoiding or displacing the objects on it, stepped on to the window-sill. Thence it was a simple matter to climb through the large open space and so on to the parapet. What happened afterwards is a subject for conjecture.

At the inquest the enquiry was chiefly concerned with the mental condition of the patient and whether death was suicidal or due to an accident. At first suicide seemed the more probable but further consideration cast considerable doubts on this. If it were suicide, one would have expected her to have fallen just outside the window instead of walking some six yards to the right angle change of direction turn. She had never threatened suicide and had left no letter for her relations. There was no history of any love affair and she seemed to have been quite happy in her work.

If not suicide, what can have been the reason for this escapade ? It cannot have been due to delirium, for she had never been delirious at any stage of her illness. The elaborate planning and timing are against somnambulism. Can it have been just an overwhelming desire for fresh air on a hot and close evening ? or was there a hope of impressing the nurses and doctors, perhaps of showing that she was not so well as they seemed to think ?

My own theory was that whatever strange impulse led her to leave the ward, the actual fall was accidental. It seemed to be quite possible that her intention was to walk along the parapet and get on to the balcony. The first of the windows on that side of the ward actually does look out on to the balcony and this could easily be seen from inside the ward. She might have then entered the ward by the proper door and caused a good deal of surprise. But in her walk along the parapet she would soon have come to the obstructing chimney stack which cannot be seen from inside the ward. She would then have to return along the parapet and might have walked past the open window without noticing it. Or she may have deliberatly walked past the window to see where the parapet led. In either case she would soon have come to the angle and then a false step or stumble and the fatal fall.

The Coroner's jury eventually decided against suicide and brought in a non-committal verdict, to the best of my recollection "death from misadventure".

At the present time, instead of waiting until she was fit to be discharged, such a patient as Nurse X would certainly be seen at an early stage by a mental expert who might—or who might not—have been able to prevent the tragedy.

CORRESPONDENCE

Letters to the Editor of the Gazette

Guy's Rugby and South Africa—an appeal

From Mr. H. J. B. Atkins.

SIR,—I am shortly going on a lecture tour to the Union of South Africa, and as a token of friendship I should like to present a small trophy from Guy's Hospital Rugby Football Club, perhaps the oldest Rugby Football Club in the British Isles, to two of the oldest Rugby Football Clubs in the Union, namely those of the Universities of Stellenbosch and Cape Town. This trophy would commemorate many of the fine footballers that we have had at Guy's from the Union of South Africa and would, I hope, serve to cement the ties of friendship which, through this great game, unite our countries. I understand that such a trophy would be competed for by the "Under XIX's" from these two Universities, a match which is something of a local Derby and serves to introduce many future famous players to representative football.

I should be most grateful if past and present members of the Guy's Hospital Rugby Football Club would send me a subscription towards this trophy, anything from five pounds to five shillings will be most gratefully received. The cup, or other piece of silver which is purchased with this, will be suitably inscribed as from Guy's Hospital Rugby Football Club.

Yours, etc.,

H. J. B. ATKINS.
President, Guy's Hospital Rugby Football Club.

27, Chester Terrace,
Regent's Park, N.W.1.

Dental Reunion in S. Africa.

SIR,—On the occasion of the visits of Professors Bradlaw and Matthews to Johannesburg in September, the Guy's Dental Practitioners in this city and along the Witwatersrand are arranging to entertain these two gentlemen. The function will take the form of a dinner, and will be held on the 8th September at a venue to be decided upon.

All the Dental Surgeons appearing in the Guy's Register have received a circular to this effect, but should anyone have been inadvertently omitted, the writer would be glad if they would contact him as soon as possible, at the address below, or by telephoning Johannesburg 23-5578.

Would you, Mr. Editor, be good enough to give this function some publicity in your *Gazette*, so that the above message may reach those concerned? The organizers of this dinner believe it to be the first Guy's dental reunion here since before the War.

Yours, etc.,

J. G. DAVIMES.

408, Castle Mansions,
Eloff Street,
Johannesburg.

Rifle Club

SIR,—I was very pleased to see in the paper that Guy's had won the Inter-Hospital Shoot at Bisley on Friday. I have recently been looking through my old *Gazettes*, 1905-12 and find I was a member of the team in those days.

Please give the Club my very best congratulations and hope that it is in a very flourishing condition. Is the Armitage Cup still shot for?

Yours, etc.,

G. A. BLAKE.
(*Major-General retired*)

Field House,
Hartley Wintney, Hants.

Those winking lights again.

SIR,—List, and I'll enter a turney phrase in the great joust between Sir Owlifer Passimite and Sir David the Baffle Dark. Watch the knight fall—for Sir David can baffle the dark with his brilliance; hark at nightfall—for an owl can see in the dark, and hoot after eleven.

An Owl of a Passimite blinked at life
From his dim editorial room,
And a fulguration of flashing lights
Flambled him in the gloom;
And most he blinked at the blazing lamps
Of Baffle Dark's motor-car.
O plodfoot Passim, pedestrian Passim,
What a platypod Passim you are,
you are, you are
What a pussyfoot Passim you are!

And what a primsy old Passim he seemed to be—'til braving the blare of the baffling brainlights, he hooted Sir David down. Shamecast and downfaced noseling fell he; and slights were smoted in the left eye and in the right eye.

Admit with the Owl, then, that blinkers can baffle; admit with Sir David that blinkers are better than sticky old flickers—and as for panache . . .

If Benjamin Franklin's heroic experiment is a fair comparison of a letter to the Guy's *Gazette*, then perhaps in the poetic imagination of Dr. Stafford Clark at least, his dashing flashing traffic indicator is the torchlight dazzle on a Trojan car, and the quivering wand of his wireless aerial the nodding of Hector's plume.

I rename,
Your vassalated feuddle-eyes'd serfaceman,
SLAPSTICK de MUCHMUMMERY

Guy's Hospital, S.E.1.

REVIEWS

Human Physiology. By BERNARDO A. HOUSSAY, M.D., JUAN T. LEWIS, M.D., OSCAR ORIAS, M.D., EDUARDO BRAUN-MENENDEZ, M.D., ENRIQUE HUG, M.D., VIRGILIO G. FOGLIA, M.D. and LUIS F. LELOIR, M.D. Second Edition. 1955. McGraw-Hill Book Company Inc., London. *Price* £4 6*s*.

This book, written by a group of seven authors from the Argentine, headed by Nobel prize winner Bernardo Houssay, can confidently be placed amongst the important current text books of physiology. A few gleanings from the preface will illustrate the senior author's attitude to physiology. "Physiology is in a constant process of evolution and advance; a text book should reflect this active life and not give the impression of a catalogue of completed and unchangeable statements. Science in general, and physiology in particular, can be taught properly only by intense, practical and individual teaching . . . A book cannot be a substitute for this kind of teaching; it can be no more than a useful guide . . . a rational study of physiology develops . . . the habit of rigorous demonstration instead of dogmatic affirmation of imaginative statements . . ." The authors have been true to this faith.

The text has been so arranged as to present the subject to the student in the traditional order, the last 350 pages out of 1,100 being given to the nervous system. The arrangement is in many instances particularly happy. For example the last chapter in the section on respiration is given to cellular respiration thus emphasizing the unity of the respiratory processes: and following the chapter on audition there is an account of the mechanisms of voice and speech.

The book is well printed without too many distracting changes of type. The majority of the photographs show clearly what they set out to show. The experimental records are given on such a scale as to allow personal analysis by the reader. The references to original sources are adequate and include some from South American sources which may be new to English readers.

The book can be strongly recommended as a useful source of information on human physiology.

J.N.H.

A Synopsis of Medicine. By SIR HENRY LETHEBY TIDY, *K.B.E.*, M.A., M.D., B.Ch., F.R.C.P. 10th Edition. John Wright and Sons Ltd. *Price* 35*s*.

The continued demand for a new edition of this truly remarkable book is, in itself, sufficient justification for its place in the medical world, though exactly what that place is I am not able to decide. This book is not one for the pre-graduate stage: in fact I would go so far as to say that possession of such a volume is a positive drawback to the student before his qualifying examinations because the factual clarity and the distinctive arrangement might tempt him away from the bedside. Further, it is far too cumbersome for the general practitioner to carry about with him, though reproduced in miniature and read through a suitable magnifying glass it would be the supreme *vade mecum* for a practical man. But for the post-graduate student it is ideal. As a revision volume for "The Membership" it is probably unexcelled by any other book of comparable size. Here is spread out the whole realm of medicine. It is a true synopsis—unlike so many *quasi* synopses which are, in fact, merely condensed skimmings. The scope of these pages is astonishing, though there are some surprises. For example, there is no mention of nicotinic acid hydrazide in the treatment of tuberculosis: co-arctation of the aorta is not included among the causes of hypertension: the statement that the clubbing of fingers and toes of "blue babies" is "the result of cyanosis" seems strange: the essential maintenance of an adequate airway in the treatment of comatose patients is given no mention. There is some muddled thinking about symptoms and signs—for instance under "Dyspepsia, General Symptoms" we read, "Sallow complexion" (surely a sign?) "conjunctivæ muddy" (ditto) "tongue furred" (ditto) "Bad taste in the mouth" (here, at last, a true symptom) "Teeth carious or deficient" (neither a symptom nor sign—perhaps a predisposing cause), etc. "Currents of 500 volts" (p. 322) will jar faintly in the ears of those who remember their 1st M.B. But these pinpricks pale before the profound scholarship of the whole and the clarity in the presentation of the parts. The section on Diseases of the Nervous System is especially valuable in this connection.

Here is a book to consult occasionally—but the occasions will be ones of vital need, urgently felt.

E.E.D.T.

Midwifery by Ten Teachers under the direction of Frederick W. Roques. 9th Edition. Edward Arnold Ltd. *Price* 32*s*. 6*d*.

This favourite textbook appears at a reasonable price, and in convenient size well printed on good paper with many illustrations. It has a high standard of excellence and from the student's standpoint covers the field very adequately. The new edition deals well with disproportion and trial labour—presenting the problems clearly and simply. It is progressive in that it gives a good account of radiology and its application in pelvimetry.

Curiously the illustrative X-ray plates are themselves poorly reproduced as reference to figures 61, 62, and 155 will show.

Likewise certain illustrations would be improved if genuine photographs had been used. This is particularly true of figs. 17, 18, 160 and 243.

The section on breech delivery is very good indeed, and the rapid delivery of trunk and slow release of head is well described. Unfortunately it is advised that one should grip the thorax firmly when dealing with extended arms, but apart from this lapse it is probably the best account of this interesting technical operation in any elementary textbook. This excellent book is warmly recommended.

E.A.W.

Back Ache in Women. By E. SCHLEYER-SAUNDERS, M.D., F.I.C.S. John Wright & Sons Ltd. *Price 7s. 6d.*

This book swells the already voluminous literature on low back pain. The author intends it to be a guide and help to the general practitioner.

The causes of backache are grouped under three main headings, i.e., gynæcological, orthopædic and rheumatic.

The gynæcological causes are well covered, and the likelihood of pelvic pathology rightly stressed, when pain is situated over the sacrum rather than the lower lumbar region.

The section on orthopædic backache expresses some doubtful pathology, a rather "pays your money, takes your choice" attitude to treatment, and a few terse misleading lines on operative technique.

The section on rheumatic backache perpetuates rather than clarifies an already confused subject.

A.B.

SPORT

GUY'S HOSPITAL CRICKET CLUB

Centenary Match

Saturday, 1st July, 1955

Past *v.* Present

A. E. Trist H. M. Tuddenham I. A. H. Munro T. J. H. Clark H. M. C. O'Driscoll W. R. Knapman
S. M. Whitteridge M. N. Morgan

G. W. Scott J. F. H. Young R. G. Bury F. H. Trist M. J. Williams D. E. Tunnadine J. B. Gornall
W. A. B. Cahill A. L. Gunn E. P. Reynolds

N. R. Cooke K. D. Allanby M. B. R. Mackenzie A. F. Jones (Capt. Past) M. F. H. Willis (Capt. Present) D. M. E. Allan
D. M. Lipington W. J. Howells

LAWN TENNIS

Final of Inter-Hospitals' Cup

Guy's again won the Inter-Hospitals' Cup, defeating St. Thomas's in the final by 6 matches to 2 with one match unplayed. This was a much closer final than the score indicates, and at one stage it seemed that St. Thomas's were going to win. The decisive factor was when our third pair, J. Osborn and C. Maggs, defeated their first pair, and our first pair in an extraordinarily close match defeated their third pair. Had these matches gone to St. Thomas's, as well they might have done, the Cup would have been in serious danger of leaving Guy's, where it has now been for at least the past five years. The team in the final was: R. W. Elsdon-Dew, A. J. Quant, G. B. Clinton-Jones, A. Black, J. Osborn and C. Maggs. Guy's are also in the final of the University of London Cup, but, owing to holidays, this will not be played until September.

Guy's *v.* Mr. Blackburn's VI

On a warm sunny day at H.O.P., Guy's defeated Mr. Blackburn's VI by 6 matches to 3. This was one of the most enjoyable matches of the season. Mr. Blackburn's first pair, H. G. N. Cooper and P. J. Frost, defeated all the Hospital pairs, but nevertheless were made to play well. M. Hume and D. V. Duckworth, the opposition's second pair, had to work very hard, but lost all their matches in three sets. The third pair, Mr. Blaikley and A. Marsh, both wearing hats saved for the occasion, lost all their matches, but nevertheless caused the Hospital pairs anxiety. The difficulty was to cope with Mr. Blaikley's vicious forehand, and Dr. Marsh's accurate service and net play. We always look forward to this match, and thank Mr. Blackburn for his hospitality and a most enjoyable match.

MIXED TENNIS

Guy's *v.* Cardiff Medical School

Saturday, 2nd July, at H.O.P.

Result: Won 9–0

Annette Pountain C. Maggs	Won 3–0
Iris Platt G. B. Clinton-Jones	Won 3–0
Jill Craig G. Osborne	Won 3–0

SAILING

The club held its annual regatta on Thursday and Friday, 7th and 8th July, at the United Hospitals' Sailing Club at Burnham-on-Crouch. There was a good attendance, for thirty members were present, many of whom stayed on for the week-end. During the regatta we were very pleased to see Sir Heneage Ogilvie, President of the club, who was able to watch some of the racing.

On Thursday morning there was a friendly race which was sadly handicapped by lack of wind. In the afternoon the Seamanship race was won by R. Harper, with Miss Susan Cattrell and D. Wheelwright as crew. During this race each crew had to retrieve some object dropped over the stern of the boat: a suggestion earlier in the day that a volunteer from each boat should jump overboard to be picked up by his colleagues had led to near-mutiny. Other tests of seamanship were sailing one leg of the race without a rudder and crossing the finishing line backwards. The organizers had wisely allowed "any means of propulsion" for the last two legs, so with the tide running out and with a fitful breeze vanishing fast this meant a long row back to Burnham. Here Wheelwright's rowing experience doubtless helped to maintain his boat's lead.

In contrast to this exhausting race, Friday saw serious sailing for the Ogilvie Cup, presented for individual helmsmanship. The race was sailed in three heats of six boats each, the first two in each heat qualifying for the final. Two heats were sailed in the morning under ideal conditions. Here Coe was unfortunate in being disqualified in the first heat for taking a wrong course, on the advice of his crew, when he was holding a commanding lead from the other boats. During the afternoon the wind freshened, and though the third heat was completed, the final was abandoned after one of the boats had capsized when some halfway round the corse. The winners in the heats were:—

First Heat.	1. J. Bull.
	2. P. James
Second Heat.	1. D. Longmore.
	2. N. Kilpatrick.
Third Heat.	1. K. Hammond.
	2. J. Partridge.

The regatta closed with an excellent dinner at the Ship Inn, presided over by the Vice-Commodore, Dr. D. B. Longmore. After dinner Miss Pat Spindler presented prizes to the winners of the Seamanship race. The Ogilvie Cup was not presented and was retained by the previous holder (D. Longmore).

On Saturday afternoon there was to have been a heat for the Bannister Cup for inter-hospital racing, of which Guy's are the present holders. The Guy's crew were F. Muir (helm), T. Bass and A. Horniblow; but the race was cancelled following further capsizes during the morning, involving helmsmen from other hospitals. Here we must mention the misfortunes of Miss Susan Ardley who capsized on Friday and again on Saturday, while on Sunday she was acting as crew on a boat which parted some of its rigging and had to be towed back to its moorings.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st September, 1955

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st September, 1955:

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre or Post-Registration*) 2

Resident Obstetricians 2
(1 *Pre-Registration*) (*commencing* 1.9.55)
(1 *Pre- or Post-Registration*) (*commencing* 1.11.55)

Throat and Ear House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital).

Neurological House Physician 1
(*Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physicians in the York Clinic 2
Senior House Officers (*commencing* 1.10.55)

Resident Anæsthetist (*Post-Registration*) .. 1
(*commencing* 20.9.55)

R.M.Os. in Nuffield House 2
Senior House Officers (*commencing* 18.9.55)

The Medical Committee will also consider applications for appointments at outer hospitals as follows:—

ORPINGTON HOSPITAL
House Physician (*Pre- or Post-Registration*) 1

QUEEN MARY'S HOSPITAL, SIDCUP
House Physician (*Pre-Registration*) .. 1

LEWISHAM HOSPITAL
Locum House Surgeon 1
(*Pre- or Post-Registration*)
(*commencing* 1.9.55—14.9.55)

House Surgeon (*Pre- or Post-Registration* 1
(*commencing* 15.9.55)

House Physician (*Pre- or Post-Registration*) 1
(*commencing* 16.9.55)

JOYCE GREEN HOSPITAL, DARTFORD
House Surgeons (*Pre- or Post-Registration*) 2

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Tuesday, 2nd August, 1955.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a Surgical post only and not a Medical post.

W. D. DOHERTY,
Superintendent.

15th July, 1955.

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in the Department of Conservative Dental Surgery** to attend on 3 sessions per week. Duties to commence on 1st October, 1955.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 19th August, 1955.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

To Let

4 BERTH CARAVAN on farm nr. Bideford. Cheap to nurses or students. From 7th Sept. Dr. Sichel, Welford, Rugby.

COTTAGE (small) to let furnished, Chislehurst Common, 2 reception rooms, 2 bedrooms, dressing room and usual offices, garage, central heating, telephone (available September, 1955/March, 1956). Box No. 110, *Gazette* Office.

For Sale

PICTURES OF GUY'S HOSPITAL. **Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—Personal collection only—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.**

Required

DENTAL ASSISTANT with view to PARTNERSHIP required by Guy's man (1938). Busy conservative practice with fair amount Orthodontics. Pleasant and well equipped Surgeries. Scope for still greater expansion. Situated in Cornish coastal town with facilities for golf and sailing. An excellent opportunity for a KEEN, YOUNG Graduate. Box No. 109.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

APPOINTMENTS

DENTAL HOUSE SURGEONS

8th August, 1955, to 7th February, 1956.

General Duties: Miss A. F. P. Pountain; Miss S. A. Hutchinson; Mr. N. P. Thomas; Mr. A. S. Baker.

Children's Dept.: Mr. C. P. Briggs; Mr. J. Metcalfe.

NURSING NEWS

Appointments

Sister	A. Mollison	12.7.55	to *Nurses' Home*
S/N	M. Maret	1.4.55	,, *Night S/N*
S/M	G. Meinecke	30.6.55	,, *Victoria*
S/M	A. Sutton	30.6.55	,, *Victoria*
S/N	S. Cole	30.6.55	,, *Nuffield D.*
S/N	M. Muddle	11.7.55	,, *Bright*

Left

S/N	H. Balfe	7.7.55	*Orpington*
S/N	R. Brayford	12.7.55	*Wilks*
S/N	A. Burgess	15.7.55	*Bright*

PASS LIST

UNIVERSITY OF OXFORD

B.M. Examination. Trinity Term, 1955

Anatomy and Physiology

Gillian M. Shaw

Medicine

*M. Kinsbourne

Surgery

*M. Kinsbourne
*W. G. Rhys-Jones

Midwifery

*M. Kinsbourne
*C. P. McEvedy

*Have completed the examination.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination
Easter Term, 1955

Part I. Pathology and Pharmacology

J. F. Garner
D. King-Price
A. H. Sears

Part II.

Principles and Practice of Physic

*D. M. Ackery
D. P. Addy
*N. K. Ashurst
J. R. Batchelor
D. S. Carmichael
*D. A. Earnshaw
*R. E. Farmer
J. F. Garner
J. F. Marsden
*D. J. Palmer

Principles and Practice of Surgery

*D. M. Ackery
*N. K. Ashurst
D. S. Carmichael
*D. A. Earnshaw
*R. E. Farmer
D. King-Price
J. F. Marsden
*D. J. Palmer
C. B. Thomson

Midwifery and Gynæcology

*D. S. Ackery
*N. K. Ashurst
J. R. Batchelor
*D. A. Earnshaw
*R. E. Farmer
D. King-Price
*D. J. Palmer
C. B. Thomson

*Completed the examination.

UNIVERSITY OF LONDON

B.Sc. Special Examination in Physiology
April, 1955
J. B. St. Clair Cumberbatch

CONJOINT BOARD

D.M.R.T.

T. B. Brewin

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination
June, 1955

Part I. Surgery

B. Armitage
N. L. Crabtree
M. R. Davidson
P. H. N. Davis
M. S. E. Gould
Annie Hanegraaff
B. Holmes
Barbara T. Jacobs
D. M. Lawrence
L. B. Lux
G. L. Lyne
S. P. Madan
W. A. Miller
R. C. Moyse
Monica R. Perkins
J. F. H. Rylance
A. P. B. Sibson
P. B. Webb

Part II. Dental Surgery

A. S. Baker
H. F. A. Baker
A. J. Bowman
G. H. G. Bradley
W. Goriah
A. G. Hitchcock
Shirley A. Hutchinson
J. A. J. Kamps
D. M. Lipington
J. F. Pike
N. P. Thomas
P. E. Williams

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
June, 1955

Medicine

J. R. F. Boger

Midwifery

M. A. C. Lyon

SOCIETY OF RADIOGRAPHERS

Membership Examination—April, 1955

Part I.

A. Brown
H. Brown
G. Chinnery
J. Easter
P. Harlow
C. Harvey
I. Hayllar
B. Houghton
A. Jeff
J. Newman
M. Vanner
S. Wallace

Part II. Radiography.

J. Brooks
I. Clark
M. Dickinson
I. Ebosie
E. Elvy
V. Jones.
P. Raymond
J. Smith
E. Walker
J. Westwood
J. Worner
A. Martin

Part II. Radiotherapeutics.

S. Guise
J. Guthrie

GUY'S HOSPITAL DENTAL SCHOOL

The Newland-Pedley Medal and Prize for Operative Dental Surgery 1955

M. B. Rothschild

Prize in Children's Dentistry including Orthodontics May, 1955

J. Metcalfe

CHANGES OF ADDRESS

A. A. W. Fooks, L.D.S.R.C.S., D.D.S., c/o Tufts College Dental School, 136 Harrison Avenue, Boston 11, Massachusetts, U.S.A.

I. J. MacQueen, M.B., B.S., The Old Crown, High St., Priest End, Thame, Oxon.

Capt. E. M. Newton, R.A.M.C., 2nd Bn., The Black Watch. (R.H.R.), British Guiana.

BIRTHS

BRIGHT.—On 14th June, 1955, at Stroud Maternity Hospital, to Elizabeth and Dr. Peter Bright, a son (Timothy), a brother for Sally.

GRANTLEY-SMITH.—On 4th July, 1955, at Mount Alvernia, Guilford, to Gyllian (née Marks, M.C.S.P.), wife of Brian Grantley-Smith, L.D.S.R.C.S., a daughter (Lynn Nicol).

NICHOLSON.—On 8th June, 1955, to Margaret (née Sheldon), wife of R. G. Nicholson, M.B., B.S., a son (James Gordon).

MARRIAGE

WINDER—DALBY.—On 4th June, 1955, at St. James Church, Colchester, James Winder to Mary Dalby, S.R.N.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1749 *6th August 1955* *One Shilling*

PASSIM

The Maze Pond for Guy's

THE new plans for Guy's have, as far as we can see, one unfortunate omission. They contain no reference to the closing of Great Maze Pond to public traffic. This road will evidently continue to cut through the heart of the hospital and so will allow that flow of heavy traffic which is such a curse to many of our patients and staff.

It has been suggested that the public duties of the Maze Pond could well be fulfilled by other roads in the neighbourhood and that this road could with advantage be turned into a private driveway, giving access to both old and new parts of the Hospital. As a public road it is, at present, a menace. The right-angled turn outside the Front Surgery is a danger and we have ourselves seen several near-accidents as drivers have misjudged this blind bend.

Some of the advantages accruing to the Hospital from the inclusion of this road would seem to provide the planning authorities with adequate and logical reasons for serious consideration of such a scheme. We realize that the closing of a public highway is usually and rightly regarded as an un-British and despotic action. The farmer who closes the footpath that borders his long meadow receives the concentrated hatred of his neighbours and of all those folk who wrestle for individual rights in the face of beaurocracy. He is regarded as being inconsiderate to those few people who obtain benefit from his highway and will usually be classed with ignominy as a potential fox shooter or waterer of milk.

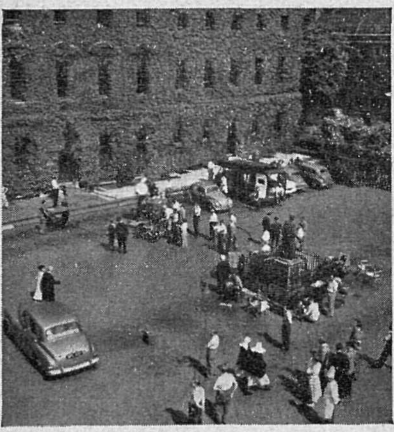
Nevertheless, we have at Guy's the opportunity to improve the facilities and comfort of the Hospital by closing this road. The patients in the new block would be spared that rumble and hooting of heavy traffic past their wards, which has, unfortunately, been the lot of the inmates of *Barnabas* and the other wards on the East face of Guy's. Another blessing would be the possibility of access to the Hospital from the College in the evening, without having to avoid the locked War Memorial gates by an underground journey through that narrow, leaky and malodorous passage so detested by generations of residents.

So far, we have shown that in-patients and their attendants would receive some benefit. A third and cogent reason for closing the road is evident to all those who have struggled to hear physical signs through their stethoscopes in the Surgery or the out-patient clinics. The great rarity of silence in some of our cardiac clinics gives to us at Guy's a new and cynical meaning to the phrase "a typical machinery murmur was heard." Our Senior Surgeon wisely says: "Medicine is impossible" and we must all respectfully agree with him. Some feel that interpretation of the vagaries of nature could well be facilitated by the quelling of the noisier distractions of man.

In this issue we have pleasure in publishing the second of our series on research work in Guy's. This article by Dr. J. N. Hunt of the Department of Physiology describes some of the work in which he has taken such a prominent part and stresses the great heritage of student co-operation in physiological research, of which we at Guy's may well be proud. The next article in this series will we hope appear in the next issue but one, and will be succeeded by others at more or less regular intervals for the next year.

We would like to take this opportunity of reminding our readers in Hospital and School departments that the pages of the *Gazette* are freely at their disposal for original scientific or literary communications. The circulation of the *Gazette* (nearly 5,000 copies each issue) is, we hope, adequate proof of the fact that their articles will be read and appreciated, not only in London, S.E.1, but also by our readers from Canada to Fiji.

The relative tranquility of the Hospital was for a few days recently shattered by the arrival of a film unit from Ealing Studios. This unit was concerned with the making of *The Feminine Touch*, a film dealing with the private lives of nurses and, we strongly suspect, of doctors.



Confusion in the Front Quadrangle.

Photos by Mr. L. V. Hughes–Photographic Dept.

The Director, Mr. P. Jackson with Matron (Miss Jean Addison) and the First Assistant Matron (Miss G. Colthorpe).

Some of the scenes of the film have been shot in the Park where a succession of sleek young ladies in nursing uniform tripped in and out of the Nurses' Home. Other scenes have featured the Colonnade and the front courtyard. The whole affair was vastly entertaining to all of us at the Hospital and excited crowds watched the activities, conducted fortunately in perfect weather. Originally, the generator which provided all the power for a host of flood lights was parked outside one of the wards. However, it very soon became obvious that the thunderous roar and clouds of blue smoke which emanated from the machine were intolerable and it was moved rapidly across to the car park, where it worked unheeded and uncursed.

The film unit was soon taken to the heart of Guy's and among singular social successes we must record the entertainment of several of the stars in the Dressers' Flat by the take-in firm who showed a splendid (and probably very surgical) aptitude for making the best of any situation as soon as possible. An award is also due to the dental student who, within one hour of the arrival of the highly ornamental fleet of extras dressed as nurses, had assured no less than three of them that their teeth were *quite, quite* perfect. In return the unit has been no less generous, for when we see the film all true connoisseurs of

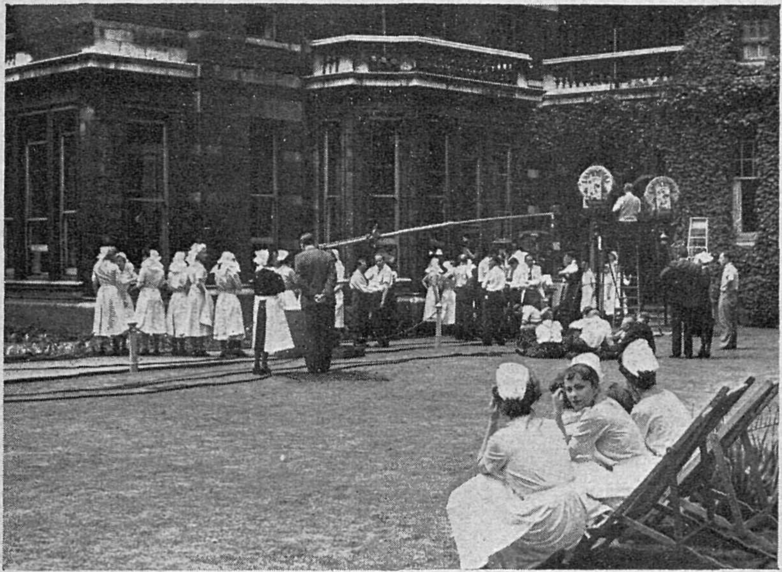


Photo by L. V. Hughes—Photographic Dept.

A group of nurses in deck chairs watching the hubbub outside the Nurses' Home. Fifth from the left in the group of film nurses is Miss Belinda Lee. Matron and Miss Colthorpe look on, accompanied by Mr. Barber the Assistant to the Superintendent.

the art will recognize that the book carried by one of the student heroes of this epic is no less than that perennial Guy's favourite, Gibberd's *Short Textbook of Midwifery*.

To capture some of the flavour of Guy's has, we are assured, been the aim of the film unit and they have been guided by no less a figure than Sister Eva Wall, who until a few months ago was Sister *William Gull*. She holds the position of nursing adviser to the director of the film and we have seen her on many occasions casting a friendly but eagle glance over the dresses and uniforms of the extras before they made their debût in front of the cameras.

All of us will look forward to seeing the film when it eventually reaches the screen. Perhaps an invitation *première* for the Hospital staff would be appreciated?

We have shown singular editorial ineptitude in the matter of reporting the recent elections to the Fellowship of the Royal College of Physicians. We add, with apologies for our oversight, our heartiest congratulations to Dr. H. A. Treble who has been elected to this office of distinction. Dr. Treble, who is Physician to the Canterbury group of hospitals, is thus the third Guy's man so to be elected recently.

Lest any of our correspondents should think that we are writing a diatribe we now feel that each comment in *Passim* must start with some opening gambit, such as "we humbly suggest" or "diffidently we propose". In our mild way we were, however, startled to read Dr. I. P. James' recent* letter. We can only cast ourselves upon the charity of our readers and let them decide for themselves whether our modest expressions should be regarded as diatribes. However, in all fairness to ourselves and our correspondents we must secretly admit that, on the whole, we revel in receiving the more acrimonious letters from our readers because they serve firstly as a stimulus to further effort and, secondly, as a reminder that whether our editorials are appreciated or not, they are certainly seen. Like Hilaire Belloc we can say, "Although my sins are scarlet, at least my books are read".

**Gazette 9th July, 1955.*

The Works Department, whose activities we all admire, have left one blemish upon their work of redecoration in the College. They took the Porters' Lodge to pieces, repainted it, put in a new telephone stand and provided new pigeon holes. All of this was most excellent and timely work. Regretfully, we must point out, however, that they have forgotten one thing and that is to replace the linoleum which they pulled up. The battered and gap-boarded floor is in sorry contrast to the smartness of the rest of the room, and far more serious than mere appearance is the fact that at least two impoverished residents have contrived to lose small change between the boards. Perhaps the workmen could be induced to come back and finish the job. They would appear to have put on the icing before finishing the baking.

Thirty Years Ago

From Guy's Hospital Gazette, 1st August, 1925.

There may be, we do not say that there are, but it is just possible that there may be a few misinformed people who deny the perfection of Guy's Hospital as a hospital. They may find an opening for a jealous attack in the absence of a radiographic exhibition or in the unpopularity of the oxygen chamber or the College soup. They may object to the paucity of lifts in the Medical School or the fecundity of cats in the Park, but on one score they will find the Hospital removed from all possibilities of criticism. If nothing else, Guy's is up to date, and the latest changes show that it is, if anything, rather in advance of the times.

Next Monday is, most fortunately, a Bank Holiday and all out-patients will be excused from their almost ritualistic attendances at the various departments. They will, for that day only, discuss their manifold complaints with their friends instead of with their doctors, and the doctors will go fishing and golfing or will prune their rose trees or do whatever else is restful and congenial to them. That seems only reasonable, but reason, as often, is false. The doctors will do nothing of the kind. They will remain in their rooms, studying, and if you listen you will hear them learning, by means of mnemonics, the coming alterations in the ward nomenclature. Such phrases as "When Auntie first grew Dropsical she Constantly took Jalap," will be heard on every tongue, this being the likeliest way of remembering that when Astley-Cooper becomes Dorcas, Charity will be Job. For the old order is changing, and wards are to be re-distributed and re-named. Most of the old names will be retained and some of the better-known Saints, like Luke, Naaman and Lazarus, will stay as patrons of the wards over which they now preside. But on Tuesday next there will commence a sweeping change of patronage in a large number of the other wards. We have studied these carefully and find that, in most cases, the ward names will merely change to new homes. Only in one case will the name disappear entirely, and that, we think, is where the Hospital is in advance of the times. For, despite all provocation in the form of strikes and the ducking of Deans and street bands and other hideous things, Charity still rests in the bosoms of the bourgeoisie, but at Guy's she will be known no more. Charity will try the patients of "Job," and her fair name will be erased from the "I.O.D." book. In the case of Martha, a different situation of fair exchange is found. Martha will certainly become Cornelius, but Cornelius equally well becomes Martha. They give and take in true Christian spirit. But when Charity takes the name of Job, Job, steadfast as ever in adversity, beckons to his old consort, Lydia. She, continuing a game, somewhat after the style of "postman's knock," calls for Astley-Cooper (*sic*), who slyly winks at Dorcas. Surely, now, you will think, Dorcas, looking up from her good works, would pause in her sewing to think on Charity. Not at all, she creates a most regrettable precedent by calling on an entire stranger and, to her bidding, comes none other than Christopher. Charity is left to grow cold without so much as isolation to call her home and Christopher rides in triumphant, probably with children all over his horse, just as he has been painted. "Cold as Charity, which is so chilly," runs the poem and we dam back our tears with difficulty as we see her driven out. Against St. Christopher we have nothing to say. As Patron Saint of the Bermondsey and Rotherhithe Memorial Ward there is none more suitable. Large-hearted, broad-shouldered yet gentle, he may have been thought more suitable to give his name to an adult ward than poor, declining Charity and, if so, then we might in time reconcile ourselves to the change. But what do we hear? It must be untrue, yet we hear it. It was found necessary to change one female ward into a male ward and the choice of the new name depended entirely on the materialistic fact that the ward-linen of the late lamented Charity was marked "Ch." Such unpoetical juggling with names savours largely of the cross-word puzzle, and we hope that the difficulty, which we understand is now being experienced, in altering the garments of Charity to fulfil their new rôles in Christopher will bring with it its own punishment.

SAYINGS OF THE GREAT

A Physician—discussing fat people and water retention.

"Of course the dowager's hump is directly analogous to that of the dromedary."

INVESTIGATIONS OF GASTRIC FUNCTION

by J. N. HUNT, D.Sc., Ph.D., M.B.

There is a tradition at Guy's dating from the times of Hurst, Hunt, Ryle, and Baird, Campbell and Hern, that the students and staff co-operate in research. This co-operation continues today, nowhere more so than in the Department of Physiology, for there students from the Medical, Dental and Massage schools consume over six hundred test-meals each year. The pattern of the work is simple. Studies are made of some aspect of the control of gastric secretion and emptying in students; the same studies are then repeated on selected patients with gastric and duodenal ulcers with a view to discovering some abnormality of the regulating mechanism of gastric function.

A current study is based on the finding that solutions containing 100 m.eq. sodium chloride/L leave the stomach very rapidly, considerably more so than distilled water. Solutions containing 100g. glucose/L leave the stomach much more slowly than distilled water. This slowing of emptying is thought to be the result of the osmotic action of the glucose solution in the duodenum reflecting back and inhibiting the gastric emptying, thus saving the duodenum from the insult of the hyperosmotic glucose solution. The mechanism responsible for this action is referred to as a duodenal brake.

The actual rate of emptying of a solution containing 100g. glucose/L presumably depends upon competition between the driving power of the stomach and the braking power of the duodenum. Thus a slow rate of emptying of the glucose solution might be the result of a powerful brake operating against a powerful stomach or a weak brake opposing a weak stomach. The high rate of emptying of a meal containing 100 m.eq. sodium chloride/L allows the tentative assumption that such a solution operates the osmotic brake minimally. If this is so, the emptying rate of such a solution indicates mainly the power of the stomach to empty. By combining the data on the emptying rates of such a salt solution with the emptying rates of the glucose solution it is hoped to make comparisons between individuals of the power of the duodenal brake independent of the power of the stomach to empty.

Not only does the duodenal brake inhibit gastric emptying but it usually depresses gastric secretion. In some instances this depression of secretion has not occurred. It is known that the greater the volume of a test-meal up to 750ml. the greater is the secretory response to it. A test-meal of 1,250ml. does not usually evoke a greater secretory response than one of 750ml. (Hunt & Macdonald, 1952). It is presumed that there are post-cardial volume receptors which are responsible for the regulation of the volume of secretion when the initial volume of the meal is altered. It is conceivable that, in those subjects who did not show an inhibition of secretion with the meals containing high concentrations of sugar, the relation between the degree of distension of the stomach and the secretory response was such that the increased distension resulting from the slowing of emptying more than counterbalanced the inhibition of secretion produced by the sugar solution.

By comparing the secretory response to the rapidly emptying meals containing NaCl and the response to slowly emptying meals containing sugars it is hoped to assess the interplay between the inhibitory action of sugars and the stimulating effect of increased distension on gastric secretion in students and in patients with gastric and duodenal ulcers.

It is known that the duodenal instillation of acid depresses gastric secretion and delays gastric emptying (Shay 1944) but in general rather high concentrations of acid have been used to demonstrate this effect. An investigation designed to study the effect of low concentrations of acid, such as are readily attained in the gastric contents, on the gastric secretion of acid is in progress. In students 20 m.eq. HCl/L of test-meal produces a significant reduction of the amount of acid secreted after giving the test-meal. The results on patients with gastric and duodenal ulcers are awaited with interest.

Reduction of the acidity of the gastric contents by giving alkaline tablets is helpful in the treatment of patients with gastric and duodenal ulcer. The question arose as to how much alkali could be given without risk of disturbing the 'milieu intérieur'. Since the metabolic processes normally result in the production of about 60 m.eq. of acid/24 hours it seemed obvious that at least this amount of alkali could be given. Inspection and consideration of the literature showed that the current hypotheses which seek to account for the source of this acid in the food are not very convincing.

Once again the students have proved co-operative and have collected their total urinary outputs for many successive days while augmenting their diets with large amounts of lettuce, methionine or fillet steak. One student lived for seven days without any food of animal origin. As a result of these studies it has been found that under some conditions almost the whole of the acid in the urine can be accounted for by supposing that it results from the oxidation of the sulphur in the diet to sulphate which is excreted in the urine. Furthermore it has been found that two persons who have lived for years without eating meat, eggs, fish or dairy products excrete acid in their urines. It has proved impossible to devise any form of diet which will abolish the secretion of acid in the urine. These studies thus allow the absolutely safe dose of alkali to be predicted from the sulphur content of the diet. Extensive analyses in co-operation with Dr. Merivale of the anions and cations in the urine collections made in this study have revealed some interesting features of urinary calcium and phosphate output which will have to be investigated further.

A study of the movement of the contents of the alimentary tract which can be detected by a device built in the Medical School workshop by Mr. West is just beginning. The detectors are two heated thermistors enclosed in a tube and separated by a fixed distance. When the gastric contents move over the heated thermistors they are cooled and the change in their electrical resistance is recorded. The distance between the thermistors divided by the time interval between their successive cooling gives the rate of movement of the alimentary contents. The device is so sensitive that it detects the movement imparted to the gastric contents by the heart beats. This recorder which it is hoped to combine with cineradiography and electric manometers can be expected to give a much more detailed picture of the movement of the alimentary contents in man.

From time to time the gastric function of people under stress has been investigated by chance. Any volunteers who are prepared to be studied before and after their finals, operations, marriage, or any other form of stress, would be very welcome.

The questions of clinical colleagues and of students are such a stimulus to curiosity as to promise no rest from the finest of hobbies.

References

Hunt, J. N. and Macdonald, I. (1952) *J. Physiol.*, **117,** 289.
Shay, H. (1944) Bull N.Y. *Acad. Med.*, **20,** 264.

NO THREAT TO RHYTHM

No fulsome threat to rhythm in ageless antique time;
No muster-music from the mill of men.
The massed majestic roll-call of the hills, as storm clouds climb
Above the crags, may scatter on the fen.

No space contains the wind as seasons come and go;
No room regiments the rosy rising sun.
The mill-race mingles moisture of the dew with wide stream flow
From placid place, shall change to tawny dun.

No words can cancel out the yield of yesterday,
No propaganda stay returning Spring.
The magic music marches with the wind as light shafts play
On precious stream, transform each lovely thing.

J.C.D.

HOLLAND, 1955

By C. E. ENGEL, F.R.P.S., A.I.B.P.

Forms in duplicate, forms in triplicate, and strict instructions to leave a further copy with the "armed guard" at London Airport; it all sounded a very complicated beginning to a lecture tour of Dutch universities. Yet, when Dr. Peter Hansell of Westminster Hospital Medical School and I produced our latest invention, a 35 mm. technical camera, a large reel of motion picture film, some ninety small lantern slides and various other exhibits, all to be reimported, the customs officer decided that this had never happened before and that he had better just use his piece of chalk. Even B.E.A. Viscounts are delayed by fog, so that our host, Dr. de Vogel of the Dutch Scientific Film Association, had had time to smooth our way through the customs formalities at Schipol, Amsterdam.

His very kind assurance, that we would have an easy programme and a great deal of time to ourselves, was as the delicious fruit which Tantalus could never quite reach. The luxury hotel to which we were taken in Hilversum was a foretaste of the kind of hospitality to be offered to us during the next six days. After a quite fabulous lunch which could not possibly be consumed in less than one hour and a half, we were whisked off to Utrecht to see "Universitair Film", the University Film Institute of Holland. Some sixteen films are produced annually, mainly of medical subjects, but for any of the Dutch universities who wish to use this service. Spacious premises, specialized apparatus and an expert staff of twelve, including two animation artists, are available to assist in research projects and to produce teaching films. After a further meal of not inconsiderable proportions we were met by Professor Julius, the Rector of the University of Utrecht, who is also the titular head of the Film Institute. Dr. Hansell in his lectures concentrated on the properties of the photographic process and its medical applications in clinical recording, in teaching and research, and in publication. My task was to illustrate with a number of short film excerpts the essential properties of the motion picture film and its applications in medical education, the types of films which are most suited to this purpose and how they might be used. The prospect of wine after our talk made the imposing front row of professors seem less formidable. Well after midnight we were driven back to Hilversum, but not to go to bed until further quantities of iced Bols had been consumed—licensing hours just don't seem to exist.

Dr. Dekking, professor of ophthalmology, received us in Groningen, where we arrived after a four hour journey in a clean, fast and very stuffy train. Not only clog wearing, cigar smoking passengers but even ticket collectors are addicted to the window closing habit. Most towns in Holland seemed to me to consist of rows of houses—some mediæval and picturesque, some modern and airy—lining streets through which one is driven to go and eat, to go and see a hospital or institute or to go and lecture. After lunch with the professor and his wife in their charming home we were taken to see his very spacious and modern hospital with lecture theatre and research laboratories. True to tradition, the evening meal was so good that even a Rover 66 could not deliver us to the lecture theatre on time.

Our next train journey took us to the oldest university in the Netherlands. By this time we had taken to cigar smoking if only in self defence. In Leiden we were taken to the university hospital for "internal medicine". Here the *Chef de Clinic* explained to us that he is the full time medical head of the hospital under the professor of the appropriate medical science. His staff consists of medical "scientific officers" of various grades, also full time, who may either continue in their academic career or may eventually branch out into general practice. Finally there are the senior students who do their clinical training after completing the theoretical part of their studies. Large wards were being converted into cubicles for four to six beds, so that both male and female patients can be accommodated in the same ward. Also it is hoped that this arrangement will facilitate the segregation of those who are seriously ill and of younger patients who are too old to be sent to the children's hospital. Unfortunately one ward had to be kept empty due to a shortage of nurses. We were also shown the new wing only recently occupied by the departments of neurology and neurosurgery. The department of radiology which serves all the surrounding university hospitals has special apparatus for angiocardiography, a Schmidt camera for photography from the fluorescent screen, and an image converter tube for kineradiography. The latter was recently used for behaviour studies of the oesophagus. For us, the Institute of Anatomy, with its very well organized illustration department and magnificent museum, was of special interest. Before the meeting under the chairmanship of Professor Mulder we were entertained at an ancient students' society; a huge hall, wooden tables and a president with one arm in a sling. He had the misfortune to fall off one of the splendid chandeliers before reaching the top.

The next day was "Droppings" day, the tenth anniversary of the occasion when the R.A.F. dropped cigarette and food parcels over Holland immediately before the final liberation. Spitfires and Lancasters re-appeared in the sky and dropped

Dutch children dressed as flowers in a "Dropping" day procession

Amsterdam

flowers—first shipped from Holland to England for the purpose. By car we were taken via Delft and Rotterdam back to Hilversum. Large sections of Rotterdam, which were so badly blitzed, have now been rebuilt, unfortunately in a curiously heavy and unattractive style.

Our last appointment was in Amsterdam, where Dr. Versteeg and his wife entertained us at their home. The evening's talk was in the lecture theatre of the University Hospital for Women under Professor van Bouwdijk Bastiaanse, who was kind enough to come and listen to us. After a brief but exciting shopping spree on the following day we left for Eindhoven, where the Philips Electrical Company offered us their generous hospitality. Like the British Thompson-Houston Company in Rugby, Philips with its 30,000 employees have transformed a village into a modern town of over 100,000 inhabitants. We saw a large selection of specialized equipment and the actual production of ordinary light bulbs. With Dr. Holmes, who passed as a nephew of Sherlock Holmes on one occasion when going through the customs, we discussed our specific requirements for high speed flash illumination and for a high power source of ultra-violet radiation.

Back at the airport we were finally seen off by Dr. de Vogel and his wife, who gave a huge bunch of magnificent tulips to each of us, truly a symbol of the warm hearted and kindly hospitality which we were fortunate enough to enjoy in Holland.

LAUGHTER

Man is lord of laughter as well as lord of creation. So far as we know he is the only living creature with the gift of laughter. It is true that the hyena is reputed to laugh and the Cheshire cat to grin. No one may be certain that such reputations are quite spurious. Laughter is essentially a physiological process and must surely subserve some particular purpose, just as much as tears relieve a state of emotional tension of opposite character. We know the nature of the stimulus, the trigger, which sets off this particular act but no work on physiology, so far as I know, ever tries to explain what part of the brain receives the exteroceptive stimulus, which is relayed to the "roof-brain", as Sherrington calls it, which in its turn sets the various muscles in motion to produce the act of laughter. The integration of various muscles takes place and the greater the laughter the more numerous the muscles called into action, until, when we "shake with laughter", almost the whole musculature of the body must be called into play. Mind or "finite mind" (to quote Sherrington again) is associated with energy, and it is, therefore, right to assume that it is only creatures possessed of "mind" (wherever in our bodies it may be located, and the odds are most certainly in favour of the brain) who can laugh because they are able to analyse the particular stimulus which calls forth their laughter and to realize that it is productive of the particular emotion of laughter and not, say, of tears.

The sad thing is that as we grow older the gift of riotous, hearty laughter seems to decline. This sad reflection was forced upon me personally by one of my sons who told me how uproariously he had laughed on seeing a popular film called *Monsieur Hulot's Holiday*. I agreed that I had found it amusing but that it never provoked in me what might be called a gale of Homeric laughter such as it had produced in him. I well recalled, however, my own reaction many years ago to one of Chaplin's early films when I was about my son's age. How I laughed, sweated, cried with sheer delight, then, but would probably be only slightly moved should I see it now for the first time. Some people laugh boisterously and it is sometimes good to hear them, because they so obviously are enjoying it. The late Archbishop Temple seems to have had a laugh of that character, and in my experience there is no more wholesome and decorous laughter than that which comes from a body of clergymen, and let any "lewd fellow of the baser sort" (to quote St. Paul) deny it if he can. There are other people again who laugh "internally" like old Mr. Weller. They seem to shake and quiver but nothing is heard. The best examples of this kind of laughter that I can recall were those rubicund elderly men, who used to drive the ½d. two-horsed bus which used to run between Somerset House and Waterloo Station many years ago. In cold weather they seemed to be integral with the hard wooden little seats on which they sat and their laughter when some crony came up on top and cracked a joke with them seemed of necessity to be essentially of the strong silent sort. A few aphorisms about laughter come readily to mind:—

"Laugh and grow fat"
"He laughs best who laughs last".

and even the puritan Milton could speak of "Laughter holding both his sides".

A cautionary note, however, about laughter is sounded by Shakespeare who warns us about "the loud laugh which bespeaks the vacant mind" and also in Proverbs where we are reminded that "the laughter of fools is like the crackling of thorns under a pot". When we think of some people we have met how true this sounds and it always seems to me, incidentally, to be a good instance of the figure of speech known as onomatopœia. One sometimes sees a middle aged woman—one's own wife for instance—recall the charm and beauty of her younger days with a sudden radiant smile or burst of gay laughter. "Dulce ridentem, dulce, loquentem, alagen amabo", sang Horace many years ago. And when you are young, what indeed could be sweeter!

G.L.D.

CORRESPONDENCE

Letters to the Editor of the Gazette

E.N.T. in Leicester—A Guy's Succession.

SIR,—In connection with your recent reference to Mr. J. T. M. C. Jenkins' appointment to the Leicester Hospitals, it may be of interest to you to know that he is succeeding another Guy's man—Mr. N. E. Kendall, who has been the Senior Ear, Nose and Throat Surgeon in this city for the past thirty years.

Yours, etc.,

J. H. O'DONNELL.

11, De Montfort Street,
Leicester.

SIR,—In *Passim* on 9th July, you congratulated Mr. J. T. M. C. Jenkins on his appointment as consultant E.N.T. Surgeon to the Leicester Group of Hospitals. May I say that we shall welcome him when he takes up his appointment in October.

Your paragraph reads:—"Mr. J. T. M. C. Jenkins who was registrar in the E.N.T. Department at Guy's Hospital before *taking up another appointment* (the italics are mine) has been appointed consultant E.N.T. Surgeon to hospitals in Leicester."

May I add to your rather unfortunate under-statement. On leaving his post at Guy's Mr. Jenkins was appointed Senior Registrar to Mr. Robert Owen, the Senior E.N.T. Surgeon in Cardiff; he himself an old Guy's man. Some years ago Mr. Owen was honoured by being elected President of the section of Laryngology of the Royal Society of Medicine and he is a surgeon well known to and much esteemed by his consultant colleagues both in London and the provinces. Mr. Owen, who is a personal friend of mine, does not know that I am writing this letter.

It would appear to me a great pity if announcements in the Guy's *Gazette* gave the impression of lack of interest in old Guy's men who are not working in the parent hospital or London.

Yours, etc.,

N. E. KENDALL.

121, London Road,
Leicester.

Eumydrine in Whooping Cough

SIR,—When it was first suggested that Methyl atropine nitrate (Eumydrine) might find a useful place in the symptomatic treatment of whooping cough (Woolston *Guy's Hospital Gazette*, October, 1950) advantage was taken of the

THE TORONTO REUNION

GUY'S HOSPITAL REUNION, TORONTO, JUNE 1955.
PANORAMIC CAMERA CO., TORONTO

BACK ROW: ? *Dr. J. E. Blundell. Dr. D. F. V. Brunsdon. Dr. W. J. C. Symonds.*

MIDDLE ROW: *Dr. J. A. Key. Dr. W. Bapty. Dr. R. Baxter. Mr. R. E. Horton. Dr. B. S. Liebel. Dr. A. J. Beale Dr. W. L. Neustatter. Mr. E. G. Murphy. Dr. W. S. Hacon. Dr. E. C. Warner. Dr. M. M. Baird. Mrs. Baird. Mrs. A. T. Rogers. Dr. A. T. Rogers.* ? *Dr. K. Hodge. Mrs. Brunsdon.*

FRONT ROW: (sitting) ? *Mrs. Hacon.* ? *Mrs. Murphy.* ? *Mr. L. R. Broster. Mrs. Broster. Mrs. Warner.]* ? *Mrs. Simms. Dr. Simms. Dr. H. C. Still. Mrs. Key.* ?.

*(We apologise for the omissions. We have attempted to name the rest of the party, but have failed.—*EDITOR.*)*

drop method of administration to provide a dosage to suit the individual case, and in this way it has been found possible to control the cough and vomiting in most cases.

Since then further experience has shown that a much higher and elastic dosage is possible than was first indicated.

As a rough guide I would suggest the following scheme:—

Infants up to 6 months initial dose 2 drops rising to 6 drops 4 hourly.
from 6 months to 2 years „ „ 3 „ „ „ 8 „ „ „
from 2 years to 6 years „ „ 4 „ „ „ 12 „ „ „
from 6 to 10 years and over „ „ 6 „ „ „ 12 „ „ „
However, I have given a dose of 12 drops to an infant of 4 months.

I have also found it helpful to increase the last dose at night if the night cough is predominant.

Yours, etc.,
A. S. WOOLSTONE.

Rivington,
101 Newmarket Road,
Norwich, Norfolk.

Guy's Hospital Reunion—Toronto

SIR,—I am writing to report to you details of the first Guy's Hospital Reunion to be held in N.America. This important event in N.American history took place on Wednesday, 22nd June, in the Royal York Hotel, Toronto, Canada, and about 30 Guy's men and their ladies had a most successful and enjoyable cocktail party.

I was able to get hold of most of their names which are as follows (a few were not too legible I am afraid, and so any omissions are quite unintentional and to those involved I offer my deep apologies,

Those present included:

Major and Mrs. W. Hacon	Camp Borden, Ontario.
Dr. R. Baxter	Fergus, Ontario.
Dr. R. J. Simms and Mrs. Simms	St. John's, Newfoundland.
Dr. A. J. Grace	London, Ontario.
Dr. K. Hodge	Toronto, Ontario.
Dr. E. Murphy and Mrs. Murphy	Toronto.
Dr. Henry Thompson	Toronto.
Dr. A. J. Beale and Mrs. Beale	Toronto.
Dr. Murray Baird and Mrs. Baird	Vancouver, B.C.
Dr. W. J. C. Symonds	Toronto.
Dr. Walter Bapty	Oshawa, Ontario.
Dr. D. Cappin and Mrs. Cappin	Toronto.
Dr. J. A. Key and Mrs. Key	Toronto.
Dr. Bernard Liebel	Toronto.
Dr. Dick Seward and Mrs. Seward	Hespeler, Ontario.
Dr. P. T. Rowan	Newmarket, Ontario.
Dr. David Brunsdon and Mrs. Brunsdon	Fredericton, New Brunswick
Dr. Hereford Still	Halifax, Nova Scotia.

From the B.M.A. delegation we were glad to welcome:

Mr. L. R. Broster and Mrs. Broster	all of London, England.
Dr. and Mrs. A. Lewis	
Dr. W. L. Neustatter	
Dr. and Mrs. E. C. Warner	
Dr. John Blundell, at present in	Chicago, U.S.A.
Dr. J. D. McClean	London, England.
Mr. R. E. Horton	Bristol.
Dr. and Mrs. Talbot Rogers	Bromley, Kent.

Kind regards and fond wishes to all at Guy's.

Yours, etc.,
HEREFORD STILL.

20 Regina Terrace,
Halifax, Nova Scotia,
Canada.

REVIEW

Lectures on the Scientific Basis of Medicine, Vol. III. University of London. The Athlone Press. 398 pp., 10 Plates. *Price* 35*s.*

The twenty-one lectures selected for publication maintain the high standard of the previous two volumes. As usual the widest range of interests is catered for, and he will be dull indeed who finds nothing here of interest. Your reviewer was particularly fascinated by the article on *The Genetics of Some Biochemical Abnormalities* (J. B. S. Haldane) and only a little less so by the one on *Growth Hormone* (F. G. Young). All clinicians will read *The Supporting System and its Disorders* (J. H. Kellgren) and *Body Water Control* (G. M. Bull) with interest, but perhaps the most immediately valuable is the modest yet arresting contribution from L. P. Garrod—*Causes of Failure in Antibiotic Therapy.* What a waste of time, drugs and opportunities could be avoided by application of its simple principles.

All the other articles are of high standard, and with each is a most useful bibliography; this alone makes the book a worth while buy for the post-graduate student. As in the previous volumes, it is a pleasure to see a Guy's man contributing, this time Dr. Bishop on *The Physiological Actions of the Sex Hormones.*

C.L.J.

SPORT

GOLF

The annual match between Mr. Eckhoff's Team and a Students' Side was played, off handicap, at Hundercombe Golf Club, Henley, on Sunday, 4th July, 1955. The match resulted in a win for Mr. Eckhoff's Team by 4½ to 3½ points.

Morning Matches

	Mr. Eckhoff's Team			*Student's Team*	
½	Mr. Brain (10) and D. Holmes (1)		v.	N. Gracey (3) and P. Sheard (14)	½
1	Dr. Houston (15) and Dr. Gareh (8)	3/2	v.	J. Outred (9) and D. Laney (20)	0
½	Dr. Lewis (9) and Mr. Malone (9)		v.	D. Southcott (10) and P. Vaughan (18)	½
½	Mr. Eckhoff (14)		v.	B. Morphy (12)	½
2½					1½

Afternoon Matches

0	D. Holmes (1)		v.	J. Outred (9) and P. Vaughan (18)	1
				1 up	
1	Dr. Gareh (9) and Dr. Lewis (9)	6/5	v.	N. Gracey (3)	0
0	Mr. Malone (9) and Mr. Eckhoff (14)		v.	P. Sheard (14) and D. Laney (20)	1
1	Mr. Brain (10) and Dr. Houston (15)	3/2	v.	B. Morphy (12) and D. Southcott (10)	0
2					2

Result: Mr. Eckhoff's Team won by 4½ to 3½.

Mr. Eckhoff, who is President of the Medical Golfing Society, won the Society's Mixed Foursomes Competition at West Hill G.C., in partnership with Mrs. Joll, on 20th July, with the excellent score of 32 points.

SAILING

There was a "spoon-race" on Saturday morning, 23rd July, but this was abandoned for lack of wind.

Two casual Guy's sailors arrived at Burnham after lunch to be greeted with the news that they were sailing for Guy's in the inter-hospital race, as the usual crew was unable to come. The course was the usual one: down the Crouch, up the Roach, and home—about 6 miles—and the start was at 4 p.m., exactly high water.

As there appeared to be no other spare Guy's men about, the two borrowed a man from the London Hospital, scrubbed the bottom of the boat (being keen types) and set off. Badly misjudging the strength of the tide they crossed the starting line six minutes late, but before reaching the mouth of the Roach they had overhauled the Royal Free, U.C.H. and the London, and by using the last of the incoming tide up the middle of the Roach were fast catching St. Thomas's when the ebb-tide became rapidly stronger. Guy's was passed by the Royal Free and the London, who had kept inshore; so they came closer inshore, and getting a lucky puff passed the Royal Free and St. Thomas's, who had been having a luffing match. U.C.H. had chosen the other side of the Roach and it was not paying them.

Bart's had led all the way with Mary's second, then the London, after a long gap, with Guy's a close fourth. The London then got a puff and started sailing very fast, leaving Guy's far behind, so the order round the Roach buoy was Bart's, Mary's, the London, Guy's, etc. No places changed on the run home, so Guy's crossed the line fourth. Mary's, however, were disqualified for entering too late, so Guy's were officially 3rd out of 7. The next hospital race is on 6th August.

Helm: N. D. Kilpatrick. *Crew:* R. W. M. Smith; T. Meen (London).

On Sunday a large fleet cruised to Foulness Island on a dull and rather windless morning, had a picnic lunch, and sailed back in strong sunshine and a fresh breeze. (There were no capsizes last week-end.)

HOSPITAL INFORMATION

HONOUR

SOUTH AFRICAN MEDICAL ASSOCIATION

Mr. L. R. Broster was the recipient during the Joint Annual Meeting in Toronto of the Bronze Medal of the South African Medical Association.

APPOINTMENT VACANT

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Southwark Bridge Road, London, S.E.1

Applications are invited for the post of **Non-resident Senior House Officer** in the Casualty Department for five morning sessions weekly. The appointment is for six months from the 1st September, 1955. Applications and copies of three recent testimonials should reach the Hospital Secretary **by 17th August, 1955.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar in the Department of Conservative Dental Surgery** to attend on 3 sessions per week. Duties to commence on 1st October, 1955.

The post will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 19th August, 1955.**

APPOINTMENTS

Regional Hospital Boards and Boards of Governors of Teaching Hospitals

Members of Boards of Governors

Guy's Hospital

Honorary President: The Rt. Hon. the Viscount Nuffield, G.B.E., M.A., D.C.L., LL.D., D.Sc. F.R.S.,

Chairman: The Rt. Hon. the Lord Cunliffe.

Vice-Chairman: E. G. Slesinger, O.B.E., B.Sc., M.S., F.R.C.S.,

Members appointed for the period ending 31st March, 1956 :
S. B. Askew, Alderman R. H. Burslem, J.P., Brigadier A. F. L. Clive, D.S.O., M.C., E. V. Evans, O.B.E., D.Sc., Professor T. B. Johnston, C.B.E., M.D., K. I. Julian, C.B.E., R. Newton, A. E. Orchard-Lisle, Professor W. R. Spurrell, M.Sc., M.S., F.R.C.S., F. S. Warner, F.D.S., M.R.C.S.

Members appointed for the period ending 31st March, 1957 :
F. T. Adams, Mrs. I. Brook, S.R.N., S.C.M., J. M. H. Campbell, O.B.E., D.M., F.R.C.P., Sir William Kelsey Fry, C.B.E., M.C., M.D.S., F.R C S., H. J. Lester, J.P., O. G. Morgan, M.A., M.Ch., F.R.C.S., G. Pollock, Q.C., F. J. O. Prescott, M.A., G. H. Recknell, F.I.A., F.F.A., L. B. Wimble, B.A.

Members appointed for the period ending 31st March, 1958 :
E. R. Boland, C.B.E., F.R.C.P., Squadron Leader F. H. Bowyer, M.B.E., J.P., C. A. Chadwyck-Healey, O.B.E., M.A., A. H. Douthwaite, M.D., F.R.C.P., R. A. Hayward, A. B. Kennedy, J.P., Grant Massie, C.B.E., M.S., F.R.C.S., A. Talbot Rogers, M.B., B.S.(Lond.), E. G. Slesinger, O.B.E., B.Sc., M.S., F.R.C.S.

Guy's Men appointed to Boards of Governors of other Hospitals. They will hold office until 31st March, 1958.

Hammersmith, West London and St. Mark's Hospitals:
Maurice Shaw, M.A., D.M., F.R.C.P., B.M., B.Ch.

Royal National Throat, Nose and Ear Hospital:
C. Gill-Carey, F.R.C.S.

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS, 1955-56

The following appointments and reappointments to the Junior Staff for the period commencing 1st October, 1955, have been made by the Board of Governors:

MEDICAL STAFF

Medical Registrars:
Batty Shaw, A.
Finnegan, T. R. L. (Seconded to Bromley Group).
Joiner, C. L. (On Study Leave abroad).
Deuchar, D. C.
Scott, G. W.
Williams, J. D.

Junior Medical Registrars:
Evans, I. E.
Kelsey Fry, I.
McGill, D. A. F.

Surgical Registrars:
Ellis, F. G.
Davies, J. A. L. (Seconded to Bermondsey and Southwark Group).
Evans, D. V. (Seconded to S.E. Kent Group).
Counsell, P. B.
Parks, A. G.
Williamson, A. W. R.

Obstetric Registrars:
Murray, F. A.
Holmes, J. M.
Williams, E. A. (Seconded to Bromley Group).

Genito-Urinary Registrar:
Kinder, C. H.

Chief Assistant to the Throat and Ear Department:
Eastes, C. N. d'E.

Throat and Ear Registrar:
Harrison, D. F. N.

Thoracic Surgical Registrar:
Ross, D. N.

Registrar in the Radiotherapy Department:
Candy, J.

Registrars in Diagnostic Radiology:
Medill, E. V.
Simon, M. (Seconded to Bromley Group).

Registrars in the Department of Physical Medicine:
Fulton, J.
Morrison, J. B.
Kendall, P. H. (Seconded to Bromley Group).

Assistant Hæmatologist and Transfusion Officer:
Stoddart, F. G.

Chief Assistant in the Neurological Department:
Downie, A. W.

Registrars in Department of Clinical Pathology:
Turk, D. C.
Bouton, J. (Seconded to Lewisham Group).
Cecil, J. T.
Chalmers, D. G.
Smith, A. J.
Worssam, A. R. H.

Orthopædic Registrars:
Brown, A.
Briggs, J. R. (Seconded to Medway and Gravesend Group).
Evans, D. K.

Registrars in the Pædiatric Department:
Joseph, M. C.
O'Brien, D. (Evelina Hospital).

Registrars in the Dermatology Department:
Montgomery, P. R.
Magnus, I. A. (Part-time).

Registrar in Venereology:
Grimble, A. S.

Chief Assistant in the Department of Anæsthetics:
Hall, J. M.

Anæsthetic Registrars:
Vale, R. J.
Kerr, J. H.

Ophthalmic Registrars (Part-time):
Gregory, Miss I. D. R.
Munro, S. S. F.
Kapur, S. B.

Registrars in Department of Psychological Medicine:
Tait, F. G. (Seconded to Bexley Group).
Fisher, K. J.
Mallett, B. L.
O'Brien, P. M. J.

Chief Assistant to the Child Guidance Clinic:
Vaughan, G. F.

DENTAL STAFF (Part-time)

Assistants to the Visiting Dental Surgeons:
Sycamore, E. McK.
Willcocks, R. W.

Registrars in the Department of Preventive Dentistry:
Feaver, R. E.
Rice, V. G.
Searle, E. G.

Registrars in the Casualty and Examination Department:
Picton, D. C. A.
Tyrell, M. S.

Registrar in Extractions and Minor Oral Surgery:
Hall, Miss S. M.

Registrar in Clinical Dental Surgery:
Johns, S. P.

Registrars in the Department of Dental Prosthetics:
Bridge, A. J.
Hardy, D. K.
Mayhew, R. A. J.
Day, R. J. G.
Morris, P.B.

Registrars in the Dental Department for Children:
Campbell, A. C.
Kerr, G. A.
Kettle, M. A.

Orthodontic Assistants:
Willcocks, R. W.
Richards, H.

Dental Officer to Salomons Centre:
Loader, G.

Registrars in Department of Conservative Dental Surgery:
Grimer, P. T.
Kay, L. W.
London, D.
Rowe, A. H. R.
Frank, P.
Haworth, J. D.
Thompson, Miss I. M.
Thomson, A. R.
Henry, C. D.

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

David Stafford-Clark, M.D., M.R.C.P., as a Teacher of Mental Diseases (Psychological Medicine) at Guy's Hospital Medical School.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Examiners

Board of Examiners for the Fellowship in Dental Surgery

Dental Section: F. S. Warner, M. A. Rushton.

Board of Examiners in Dental Surgery

Surgical Section: P. W. Clarkson, F. N. Glover.

Dental Section : A. Bulleid

Other Examiners for the L.D.S.

D. J. Anderson (*Physiology*), J. Mansie (*Special Anatomy and Physiology*), K. Liddelow, G. G. T. Tregarthen, H. R. B. Fenn (*Dental Prosthetics*).

NURSING NEWS

Left: Sister J. Burns to return to South Africa.

Sister B. Carstairs (née Taylor) to join her husband in Bristol.

Sister J. Thomas to be married.

S/N. A. Ozolcelms.

S/N. M. Downer.

Final State Examination. June 1955

J. C. Alexander
M. P. Bowes
P. S. Buxton
E. R. Cater
A. L. Dawson
P. J. Denham
N. Elston
P. M. Fortescue
E. M. Gray
B. M. Hammond
L. R. Harris
J. L. Healing
M. A. Henderson
G. M. Herbert
J. A. Hills
D. A. Hughes
A. H. Jones
B. M. Jones
C. Leader
R. F. MacNamara
M. N. Mullins
M. K. Paramour
M. E. Parker
J. Patterson
M. C. Phillips
G. F. Roberts
J. Rothery
M. Tetlow
E. Walsgrove
J. M. Watson
M. D. Wesson
B. Whalley
S. Whittick
R. Wills

GUY'S HOSPITAL REPORTS

Contents 1955. Vol. 103. No. 2.

Doubleday, F. N. The Portraiture of John Keats. pp. 79-98.

Brock, Sir Russell and Ross, D. N. Hypothermia. Part III. The Clinical Application of Hypothermic Techniques. pp. 99-113.

Baylis, J. H., Campbell, Maurice, Gilmore, H. R. and Hudson, Reginald. Two Cases of Ventricular Septal Defect with Over-riding Aorta. pp. 114-129.

Firth, V. P. A Rapid Test for Occult Blood in the Fæces. pp. 130-134.

Parks, A. G. De Hæmorrhois. A Study in Surgical History. pp. 135-156.

Gray, K. W., Woolf, A. L. and Wright, E. A. Two Cases of Primary Sensory Neuropathy associated with Carcinoma. pp. 157-176.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

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Required

DENTAL ASSISTANT—Southern Rhodesia—required by busy conservative practice—with view to partnership. Applicant must be competant Dental Anæsthetist. For further information send details of professional qualifications, age, marital status, etc., to WHAITES, P.O. Box 89, Salisbury, Southern Rhodesia.

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PASS LIST

UNIVERSITY OF LONDON

Academic Postgraduate Diploma in Public Health

June, 1955

C. S. Pitt

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

1st Examination

July, 1955

Anatomy and Physiology

A. H. Black
J. C. Bradley
J. Bunyan
H. Cannell
Ruth M. Cocker
G. S. Crimp
F. G. Fabian
Jean R. Gibson
J. N. Gray
D. F. Howard
S. I. Humphreys
D. C. Inman
Marcella L. Kodicek
T. A. T. Kolb
P. Kurland
A. H. Lewis
G. J. Longson
J. M. McCormack
S. C. Meakin
R. Naylor
D. M. Orlans
M. S. Parrish
T. H. Redpath
J. A. Rejman
D. C. Sellman
I. A. Stuart
T. G. B. Wilson

Special Anatomy and Physiology

A. H. Black
J. C. Bradley
H. Cannell
G. S. Crimp
F. G. Fabian
Jean R. Gibson
D. F. Howard
S. I. Humphreys
D. C. Inman
J. A. Kelvin-Davies
T. A. T. Kolb
G. J. Longson
J. M. McCormack
S. C. Meakin
J. C. V. Mitchell
R. Naylor
D. M. Orlans
M. S. Parrish
T. H. Redpath
J. A. Rejman
D. C. Sellman
T. G. B. Wilson

GUY'S HOSPITAL MEDICAL SCHOOL

Leonard Lubbock Prize for Clinical Pathology

July, 1955

D. A. Lillicrap.

GUY'S HOSPITAL DENTAL SCHOOL

JUNE, 1955

Prize in Special Anatomy and Physiology

T. A. T. Kolb,	*Prize*
Miss J. R. Gibson,	*Certificate*

Junior Proficiency Prize

C. Maggs,	*Prize*
J. D. Trezona,	*Certificate*

David Frank Sturdee Prize for Dental Prosthetics

P. M. O'Driscoll,	*Prize*

Prize in General Subjects

C. E. Rees, A. D. Wheeler,	*Prize divided*

Final Year Prize

A. D. Wheeler,	*Prize*
D. F. Crouch,	*Certificate*
N. P. Thomas,	*Certificate*

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Blacker, C. P. The Rhythm Method: Two Indian Experiments I. *Eugenics Review*, 1955, 47, 93.

Citron, K. M. Multiple Tuberculous Bronchial Stenosis. *Proc. R. Soc. Med.*, 1955, 48, 533.

Douthwaite, A. H. Vitamins in Health and Disease. *Practitioner*, 1955, 175, 16.

Ellerker, A. G. Discussion on Hormones and Cancer. *Proc. R. Soc. Med.*, 1955, 48, 554.

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Frank, B. L. Considerations Generales sur L'Emploi de Quelques Hormones en Therapeutique. *J. Médical Libanais*, 1953 (*Janvier*) 55.

Frank, B. L. Quelques Problemes qu'on Rencontre Couramment en Therapeutique. *Le Saguenay Médical*, 1955, 3, *No*. 4 (*Février*), 164.

Frank, B. L. De L'Importance d'une Alimentation Appropriée dans la Grossesse et la Lactation, dans la Croissance et le Développement des Enfants, et dans les États Débilitants et la Sénilité. *Un. méd. Can.*, 1954, **83**, 3.

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Fry, John and another. Peptic Ulcer in General Practice. *Brit. med. J.*, 1955, ii, 169.

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Hopkins, Philip. The G.P. and the Psychosomatic Approach. *Med. World*, 1955, **83**, 19.

Jackson, Douglas M. The Treatment of Burns of the Face and Eyes. *Proc. R. Soc. Med.*, 1955, **48**, 543.

Kettle, M. A. and Burnapp, D. R. Occipitomental Anchorage in the Orthodontic Treatment of Dental Deformities due to Cleft Lip and Palate. *Brit. dent. J.*, 1955, **99**, 11.

Knox, Robert. Semi-solid Agar Media for Rapid Culture of Tubercle Bacilli. *Lancet*, 1955, ii, 110.

Lamb, H. Douglas. Psychiatric Use of Dehydroisoandrosterone in College Students—A Pilot Study. *J.-Lancet*, 1955, **75**, 109.

Lorber, John. A Controlled Investigation of Artane in Cerebral Palsy. *Arch. Dis. Childh.*, 1955, **30**, 251.

Luder, Joseph and others. Rickets with Alkaline Phosphatase Deficiency: An Osteoblastic Dysplasia. *Arch. Dis. Childh.*, 1955, **30**, 265.

McKeown, Thomas. The Prevention of Disease under the N.H.S. *Med. World*, 1955, **83**, 57.

McKeown, Thomas and another. Pre-Natal Growth of Mongoloid Defectives. *Arch. Dis. Childh.*, 1955, **30**, 257.

Ogilvie, Sir Heneage. Biliary Obstruction and its Treatment. *Med. Pr.*, 1955, **234**, 52.

Poulton, E. M. Thrombocytopenic Purpura during Chloramphenicol Therapy. *Brit. med. J.*, 1955, ii, 106.

Reinhold, John and others. The Heart Sounds and the Arterial Pulse in Congenital Aortic Stenosis. *Brit. Heart J.*, 1955, **17**, 327.

Shaw, C. S. and Turk, D. C. A Case of Meningitis apparently caused by a Corynebacterium. *J. Path. Bact.*, 1954, **68**, 627.

Tomkinson, J. S. Tissue-forceps for Caesarean Section. *Lancet*, 1955, ii, 71.

Vale, W. A. A Simple Water Spray Control. *Brit. dent. J.*, 1955, **99**, 14.

Veall, N. Isotopes in Body Electrolyte Measurements. *Rec. Trav. chim. des Pays-Bas.*, 1955, **74**, 314.

Vine, S. M. Clinical Pitfalls in the Elderly. *Lancet*, 1955, ii, 103.

CHANGES OF ADDRESS

J. A. A. Bullard, M.B., B.S., Spalding, Saskatchewan, Canada.

W. G. Cross, M.B., M.S., B.D.S., 79, Harley Street, W.1. (*Tel.:* Welbeck 7476).

J. R. Deacon, M.B., B.S., 429 Wallisdown Road, Bournemouth, Hants. (Tel.: Winton 521).

Haydon E. G. Dyer, L.M.S.S.A., 4, Sydenham Terrace, Newcastle-upon-Tyne 2. (*Tel.:* Newcastle 22631).

J. S. Pegum, 1 Queen Anne Street, Cavendish Square, London, W.1 and 512, Hood House, Dolphin Square, London, S.W.1. (*Tels.:* Langham 3222 and Victoria 3800, Ext. Hood 512).

Colonel R. S. Vine, R.A.M.C., Officer Commanding, The Military Hospital, Catterick Camp, Yorkshire.

Robert G. Walton, M.B., B.S., 1700 McHenry Village Way, Modesto, California.

MARRIAGES

BATCHELOR—McLELLAN.—On 23rd July, 1955, at St. Andrew's Church, Kingswood, John Richard Batchelor to Moira Ann McLellan.

MILTON—Le VOI.—On 28th April, 1955, at Caxton Hall, London, Robert James Smart Milton, M.R.C.S., L.R.C.P., to Patricia Violette Anne Le Voi, M.S.C.P.

BIRTHS

AMHERST-CLARK.—On 19th July, 1955, at Southlands Hospital, Shoreham, Sussex, to Beryl (née Brattle), wife of Jeffery Amherst-Clark, a second daughter, (Susan Mary), a sister for Jane.

HAWORTH.—On 5th July, 1955, to Jill (née Warden, M.C.S.P.), wife of J. D. Haworth, L.D.S.R.C.S., a sister for Richard (Anne Vivienne).

IRVINE.—On 20th July, 1955, at 13, Claremont Place, Newcastle-upon-Tyne 2, to Peggy (née Walter), wife of Dr. R. E. Irvine, a daughter (Patricia Margaret).

LINDSAY.—On 17th July, 1955, at Taplow Memorial Hospital, Maidenhead, to Patricia (née Clarke) and John Lindsay, M.R.C.S., L.R.C.P., a son (Martin James).

LYNE.—On 20th July, 1955, at British Military Hospital, Rinteln, B.A.O.R. 29, to Rosemary (née Henderson) and Peter Lyne, M.B., B.Ch., a daughter (Wendy Alison).

McLAREN.—On 26th July, 1955, at Withington Hospital, Manchester, to Doris (née Williams) wife of Lyall R. McLaren, F.R.C.S., a sister for Angela.

MURPHY.—On 9th May, 1955, at Guy's Hospital, to Margot (née Thomas, S.R.N.) and Dermott Murphy, M.B., B.S., a brother for Stephen and Adrian (Paul Desmond).

RUGGLES.—On 11th June, 1955, at St. Mary's Hospital, Portsmouth, to Margaret (née Casson, S.R.N.), wife of P. W. Ruggles, M.B., B.S., a daughter (Susan Margaret), a sister for Rosemary Jane.

TRUSTED.—On 26th July, 1955, to Jennifer, wife of Dr. H. W. Trusted, at Nuffield House, a daughter (Marjorie Helena).

WALTON.—On 27th June, 1955, at Memorial Hospital, Modesto, California, to Mary (née Lee), wife of Robert G. Walton, M.B., B.S., a son (Robert Edgar), a brother for Elizabeth.

WURR.—On 24th July, 1955, at 20, Grasmere Avenue, London, S.W.15, to Anne (née Tunnicliffe, S.R.N.) and John Wurr, M.A., D.I.C., a daughter (Lucienne), a sister for Juliet.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1750 20th August 1955 One Shilling

PASSIM

AUGUST is, on the whole, rather an unsatisfactory month for those who cannot observe it with proper respect. It is designed by nature to be spent by discriminating Britons in one of those national pastimes such as shooting wet grouse on moist moors or looking at the sea from that peculiar angle obtainable only from the deeper recesses of a deck chair. For the editors, it is a period spent in the usual routine with a teasing addition provided by the return of their colleagues from holiday. When one's friends reappear looking fresh, tanned and sometimes almost healthy, it seems to emphasize the improbability of fine weather lasting until that remote and inconvenient time when the editorial holiday can be taken.

In the Hospital, the month passes with the usual round of work by day and night. There is, superficially, little to suggest that this is holiday time. The schools, however, show greater changes. Quiet reigns over the lecture theatres and the laboratories are left to the gambolling of cockroaches and the echoes of emptiness.

A reminder of the academic and social hiatus imposed by August is provided by the absence of *Guy's Diary* from its usual place following *Passim*. All too soon, however, lecture notices and arrangements for demonstrations and rounds will begin to flow in again. August will have passed and the new academic year will emerge from its chrysalis.

The latest annual report of the Guy's Hospital Ladies' Association, which has recently been circulated, has many features which, we feel, deserve wider recognition. It has been constantly active for 58 years with steady support and an annual output of most valuable and painstaking work. Everyone who spends any time in a Guy's ward will know that one of the most eagerly expected features of the week is the visit of the trolley shop, which is maintained entirely by the Ladies' Association. The patients all appreciate this opportunity to buy the minor luxuries of life.

Another activity which is appreciated very greatly by patients is its connection with the library. The Honorary Librarian writes in the report that the Ladies' Association gives considerable help and it is due to the support of the Association and of the Red Cross and St. John's that such a good service is offered to our wards. The last activity of the Association which we should mention is the making of garments of all varieties for the Hospital including children's clothing and also much knitwear such as operation stockings, cardigans and bootees.

Members of the Association, many of them wives of members of the Staff or Guy's trained nurses, perform a most valuable function and deserve our thanks for their constant and unpublicized work. Like the Guild of Ex-Patients and Friends, they provide a contribution to that high and jealously guarded standard of amenities so necessary in a hospital of standing.

We offer our heartiest congratulations to Miss Annette Pountain on being awarded a distinction in Orthodontics at the B.D.S. examination last month. We are all the more pleased to congratulate Miss Pountain as she is well known to us at the *Gazette* Office, having been a most valuable member of the *Gazette* Committee in her student days.

We congratulate our Chaplain, Mr. Kenneth Child, on his marriage at Southwark Cathedral on 10th August, to Miss Jane Turner. We hope Mrs. Child will be very happy in her new home in St. Thomas Street, and look forward to welcoming her into the life of the Hospital.

We understand that the property at Bramham Gardens has been extended by further purchase. The houses, which have been redecorated and attractively furnished, were opened on 9th August, 1955, to provide comfortable accommodation for a further 50 night nurses.

We would like to remind our readers that entries for the *Gazette* Christmas Card Competition must be received at the office by Wednesday, 31st August, 1955.

NOTICES

GUY'S HOSPITAL DENTAL SCHOOL

Dr. Harry Sicher of the Loyola University School of Dentistry, will deliver a lecture on "Problems of Pain in Dentistry", in the Anatomical Theatre, at 12 noon, on Friday, 30th September, 1955.

Dr. Sicher will be introduced by Professor M. A. Rushton.

WILLS LIBRARY—STOCKTAKING

The Wills Librarian would be most grateful if those in possession of books and periodicals from the library would return them for checking purposes during stocktaking.

Borrowers engaged on work of a special nature who wish to retain volumes for a further period may do so without inconvenience to themselves by renewing the loan on cancellation of the existing record.

Forty-Five Years Ago

From Guy's Hospital Gazette, 20th August, 1910.

A Clinical Note on Alcohol and the Pulse.

The patient is not intoxicated acutely. He has been taking more than his usual amount of whisky for a day or more. I can always tell him, and that correctly, when he has been exceeding that amount by examining his pulse, because I find the following sensations conveyed to my touch:— The pulse does not rise as high as usual. It is more of a long swell than a short sharply-defined impulse. The artery gives a flattened sensation to the examining fingers, instead of a roundish line forcing up against them. The impression conveyed to my mind is always that of a cowed or subjugated pulse, not an exhausted one. The number of beats may be the same as on ordinary days, but the pulse moves, as it were, with bated breath. The vessel is like a string vibrating fully and regularly with each note of equal force, but muted, or as if the passage was marked "piano." Two cases of the above were both males about sixty with sound kidneys.

These pulse characteristics were temporary, vanishing with a diminished alcohol intake. Have others had the same experience as myself?

Eighty Years Ago

From Guy's Hospital Gazette, 14th August, 1875.

A DISSATISFIED YANKEE PATIENT.—The *New York Medical Record*, states that two physicians in Quincy, Ill., have been sued by a patient on whom they operated for hernia. The declaration states that the defendants conducted themselves in an ignorant manner by unnecessarily, wantonly, improperly and unskilfully performing a surgical operation on the body of the plaintiff, by cutting through the flesh of said plaintiff into the abdominal cavity, and through the left lower region of the abdomen; and in an unskilful manner the defendants took and removed from the cavity of the abdomen of plaintiff twenty-five feet of bowels, *by reason of which ignorance his recovery is greatly impeded !*

DEPARTMENT OF SURGERY

The departmental exhibition for September will be on the subject of :—

FRACTURED SPINE.

The following books are missing from the Surgical Departmental Library, and we should be grateful if these could be returned forthwith:

Abdominal Surgery of Infancy and Childhood	Ladd & Gross
After Treatment (4th Ed.)	Atkins
Cancer in General Practice	Raven & Hancock
Companion in Surgical Studies	Aird
Demonstrations of Physical Signs in Clinical Surgery	Hamilton Bailey
Metabolic Response to Surgery	Moore & Ball
Modern Trends in Urology	Riches
Peripheral Nerve Injuries	Medical Research Council
Practice of Orthopædic Surgery	McMurray
Principles and Practice of Rectal Surgery	Gabriel
Textbook of Surgical Pathology	Illingworth & Dick
Textbook of Surgical Treatment	Illingworth

THE EVOLUTION OF THE TREATMENT OF ADDISONIAN ANÆMIA

THE ADDISON CENTENARY MEMORIAL LECTURE

Delivered at Guy's Hospital Medical School, 23rd March, 1955.

(Reprinted with the kind permission of the Editor, *British Medical Journal*)

By SIR LIONEL WHITBY, *C.V.O.*, M.D., F.R.C.P.
Regius Professor of Physic in the
University of Cambridge

LADIES AND GENTLEMEN,—The rational treatment of any disease is governed entirely by the depth of understanding of its fundamental cause and of the factors which may contribute. The treatment of Addisonian anæmia has, therefore, evolved with the accumulation of knowledge through the century since 1855, when Addison, in the preamble to his classical monograph *On the Constitutional and Local Effects of Disease of the Suprarenal Capsules* wrote his few brief paragraphs on an "Idiopathic Anæmia".

It would not be within the terms of my title to enter into a long discussion as to whether the first recognizable clinical descriptions of Addisonian anæmia should be ascribed to James Scarth Combe of Edinburgh, to Thomas Addison of Guy's, or to Professor Anton Biermer of Zurich. But it would be appropriate to mention that Addison recognized that the malady was fatal, the onset insidious, the usual symptoms of anæmia were present, that the body fat was often well preserved and that treatment was ineffective. He stated that the condition arose from

> No discoverable cause whatever, but speculated that

> From the disease having uniformly occurred in fat people, he was naturally led to entertain a suspicion that some form of fatty degeneration might have a share at least in its production.

Addison's most clear description—though submerged in his classical monograph on suprarenal disease, and consequently open to the criticism that the author was confusing two diseases—is, nevertheless, far superior to that given by Combe (1824), whose patient had, indeed, a severe anæmia, but with no convincing features suggestive of Addisonian anæmia.

There is no doubt, however, that the account of fifteen cases of fatal anæmia which he had met with in the course of five years, given by Biermer in 1872, came nearer than any other that had previously appeared to depicting Addisonian anæmia as it is recognized today.

Addison's position was, however, firmly established some years after his death by two staunch advocates: first, his devoted pupil—Samuel Wilks—who, in 1874, in a letter to the *British Medical Journal*, asserted that Thomas Addison had lectured about the disease as far back as 1843 ; and, secondly, William Pepper, Professor of Clinical Medicine in the University of Pennsylvania, himself greatly interested in the disease, who gave, in 1875, some of the first reports of the bone marrow—albeit not very convincing since they suggest leukæmia rather than pernicious anæmia—and who considered that "The older and equally clear description by Addison of idiopathic anæmia was one and the same affection as the progressive pernicious anæmia reported by Biermer".

Addison was outstandingly famous as a diagnostician; his obituary notice in the *Medical Times and Gazette* (1860, **ii**, 20) says

> Diagnosis was his *forte*, and those who knew him best are aware that he stood unrivalled in his power of searching into the complex framework of the body and dragging the hidden malady to light. His very meagre and simple prescriptions—if he remembered to prescribe at all—showed that he made no study of therapeutics.

Nevertheless, in what is always regarded as his first public pronouncement on Addisonian anæmia, his communication to the South London Medical Society in 1849, there are some scant descriptions of treatment, but it is difficult to know whether Addison was then speaking of suprarenal disease or his "idiopathic anæmia". The probability is the former, but there is clearly confusion of both. Whatever may have been the nature of these cases, the somewhat non-specific treatment can be regarded as appropriate to all of them.

In referring to two who recovered, he says of one,

> A man below the middle period of life, who was looked upon as past all hope, and suspected to be suffering from some latent malignant disease, slowly, but steadily, recovered under the free use of brandy, but with the singular result that the hair on one side of his head turned permanently grey, whilst the other side retained its original brown colour.

Treatment of anæmia at that time had not progressed since the time when Sydenham wrote

> We give Mars in the pale colours, the pallor disappears, and once again the face is rosy and ruddy.

Then, as now, the iron-deficiency anæmias would have responded to iron in the form of the oxide, the sulphate and the carbonate, provided sufficient were given, and this irrespective of mercury and other metals, the astringents, diet according to the powers of the stomach, as well as formidable purgings, which were put into operation at the same time.

Pepper (1875), however, appreciated that Addisonian anæmia was in a class by itself, and doubtless he had found, like others, that iron was ineffective.

Unhampered by our modern knowledge of such trivialities as blood groups, he made at least a rational, if somewhat perilous approach to symptomatic treatment by advocating and practising blood transfusion, with reactions and results which strike terror into the heart of the modern reader.

At this time—the '70's—the current views on ætiology can hardly be regarded as pointing the way to rational treatment, but even then, the possibility of a psychosomatic influence was being seriously considered.

Samuel Wilks (1874) in the letter to the *British Medical Journal* to which I have already alluded, and in which he succinctly established the priority of Addison over Biermer, said

> I express an opinion that nervous shock may be the starting point of the morbid process, and I know of a case where a young lady poisoned her father, and was so overwhelmed with grief that she took to her bed,

> became anæmic and died. Two of my cases gave a distinct history of moral shock, and a young lad, who died in one of Sir W. Gull's beds, with extreme anæmia, had never been well since he had been attacked by a sheep in a field.

He then delivers the knock-out blow to the continental claim:

> The German and the Swiss doctors do not allude to this probable cause.

The last quarter of the nineteenth century provided a steady accumulation of clinical detail about Addisonian anæmia, but relatively little in the way of fundamental understanding, with the one exception of the finding of changes in the stomach, which however were not properly comprehended at that time. Consequently, though the clinical entity itself became clearer, the approach to rational and specific treatment was wanting. Glossitis, a number of characteristic changes in the peripheral blood, the hereditary factor, retinal hæmorrhages and neurological changes all came to be built into the picture of the disease.

It was Samuel Fenwick (1877) Physician to the London Hospital, who supplied the first appreciation of the importance of stomach function. In a lecture on "Atrophy of the Stomach" he made a clear distinction between Addison's anæmia and Addison's disease, and he described four cases of the former which, after death, had a well-marked lesion of the glandular structure of the stomach. He says "The stomach showed no signs of post-mortem solution, the whole of the glandular structure of the organ was in a state of atrophy". He actually tested an infusion of the stomach with half a drachm of hydrochloric acid for its power to digest hard-boiled egg. This observation—the failure of stomach function—was, as we now know, the key to the proper understanding not only of the disease, but also its specific treatment as practised today.

However, the correct interpretation of these findings was side-tracked—in fact, obscured—for almost half-a-century after Samuel Fenwick's lecture, largely as the result of the work of William Hunter (1901), a physician at Charing Cross Hospital, who, in an incisive and convincing monograph postulated a septic origin for the disease.

Hunter's thesis was based on the belief that Addisonian anæmia was essentially hæmolytic by reason of infection of the alimentary canal with hæmolytic organisms. The preface to his monograph contains a table in the form of a genealogical tree emanating from the question "What is Pernicious Anæmia?" and evolving to be answered in the later "generations" by confident statements that the disease must originate in the gastro-intestinal area from a "special poison" in the liver, from "infection" in the intestine and stomach, the latter with *Streptococcus longus*, and a "special infection" with associated dental cario-necrosis and glossitis.

Hunter's monograph, convincingly written, greatly influenced the treatment of Addisonian anæmia. He advocated, first, the prevention and removal of the infective cause of the disease by paying attention to the hygiene of the teeth and of the mouth. Secondly, he said it was essential to change such conditions in the gastro-intestinal tract as favoured the operation of the infective cause. This was done by washing out the stomach, by administering what was regarded as a gastric antiseptic—salcylic acid or bismuth salicylate—as well as intestinal antiseptics, such as salol, naphthol, calomel, or mercuric chloride, and not least, enemata containing salicylic acid.

Thirdly, there were certain measures designed to combat the chief symptoms, of which the most important and most widely used was arsenic in the form of Fowler's solution . This had been introduced by Byron Bramwell (1877), with high hopes of effecting permanent cure, though experience had shown that it had only a temporary beneficial influence.

It is perhaps interesting to note that Minot and Castle (1935) took the trouble to investigate the action of arsenic in pernicious anæmia when they were carrying out their studies on the significance and interpretation of the reticulocyte count. They found that arsenic would produce an irregular and often sustained reticulocyte response in pernicious anæmia, sometimes associated with showers of nucleated cells, but that the reaction was not physiological, since any subsequent rise in red cell count, if such occurred at all, was irregular, disorderly and incalculable. It is now known that arsenic has no real blood-building value and that it acts as a bone-marrow depressant, rather than as a stimulant.

Hunter also practised dietetic treatment, stating as his view that "the most important factor regulating the amount of blood destruction in health is the nature of the diet, a nitrogenous diet causing a much greater destruction than a farinaceous one". He also made a very limited trial of anti-streptococcal serum, but even though most of the cases which he records seem to have had a remission he clearly rated this remedy quite low.

Hunter's view dominated the treatment of pernicious anæmia for a quarter of a century, and were supported by Arthur Hurst (1923), who showed that, as the result of oral sepsis, the *Streptococcus longus* became implanted in, and could be recovered from, both stomach and duodenum.

Hurst is best known for his emphasis upon the loss of stomach function, particularly the complete achlorhydria so characteristic of Addisonian anæmia, which permitted the implantation of the toxin-producing streptococcus in the upper part of the alimentary tract. Hurst realized the primary importance of the achlorhydria, since it preceded the anæmia and was not, therefore, a secondary phenomenon, whilst it persisted even in remission. He held the view that the anæmia and nervous system changes were both toxic in origin.

When I entered the wards of the Middlesex Hospital in the early '20's, the main treatment of Addisonian anæmia followed the views of William Hunter, as expanded by Hurst. Wholesale dental extractions, the administration of arsenic, dilute hydrochloric acid three times a day before meals, for life, together with acidophilus milk. Splenectomy had also a considerable vogue, especially following the reasonably favourable report of Krumbhaar (1916).

Transfusion, with or without splenectomy, was also widely practised, especially in America, with, however, no more than a temporary effect, and this method of treatment must have given George Minot (Minot and Lee, 1917) some of his first experience with pernicious anæmia.

Meanwhile, in the year following the first World War, the way was being prepared for one of the most far-reaching discoveries in medicine. As early as 1918, George Whipple, first in California, and later in Rochester, began a long-term fundamental study upon the power of different foodstuffs—meat, liver and other substances—to effect the regeneration of hæmoglobin in dogs, otherwise maintained on a standard basic diet, and exsanguinated to a fixed degree. This original and ingenious programme was both simple and effective.

During the period from 1918-1925, in association with his colleagues C. W. Hooper and Mrs. Robscheit-Robbins, Whipple published a series of papers, unravelling the basic physiology of hæmopoiesis in a systematic and orderly manner, and with a thoroughness and pertinacity which can scarcely have been equalled before or since.

The most significant papers in relation to my theme are entitled: "Blood Regeneration following Simple Anæmia: Influence of meat, liver and various extracts alone or combined with standard diets" (Hooper, Robscheit and Whipple, 1920); "Favourable influence of liver, heart and skeletal muscle in diet on blood regeneration in Anæmia" (Whipple and Robscheit-Robbins, 1925). It should also be noted that Whipple in 1922 had suggested that, "In pernicious anæmia, there may be a scarcity of the material from which the stroma of the red-blood cells are formed or that a disease of the stroma-forming cells of the marrow exists".

Critics have sometimes said that though Whipple and his colleagues clearly demonstrated the virtues of liver and other substances in blood regeneration, their standard of reference, a dog rendered anæmic by bleeding, bore no resemblance whatever to pernicious anæmia. But no one can read the first fully documented paper of Minot and Murphy (1926) without feeling Whipple's influence and, indeed, the paper contains this significant paragraph: "Following the work of Whipple and Robscheit-Robbins, we made a few observations on patients, concerning the influence of a diet containing an abundance of liver and muscle-meat, on blood regeneration. The effect appeared to be quite similar to that which they obtained in dogs. These observations, together with the information given above, led us to investigate the value of a diet with an abundance of food rich in complete proteins and iron—particularly liver—and relatively low in fat, as a means of treatment for pernicious anæmia".

The award of the Nobel Prize in 1934 to Whipple, Minot and Murphy expressed the judgment of an impartial world towards these great men. Minot and Murphy published the results of "Treatment of Pernicious Anæmia by a Special Diet" in 1926.

Looking back over the intervening period and re-reading their simple conclusion that "the dietetic treatment of pernicious anæmia is of more importance than hitherto recognized", one must greatly admire their modesty and the care with which they attempted to control their remarkable results. Their most commendable caution in interpreting therapeutic successes in a disease well-known to be subject to one or more spontaneous remissions ought to be blazoned as an example to all who undertake therapeutic trials. After a most critical discussion of results with other remedies, they say, in relation to the obvious constancy and endurance of their own "There is no data to indicate whether the remission in these forty-five cases will last longer than those of others".

This simple paper, patently honest and diffident in the extreme, resembles the gentle opening bars of a great unfinished symphony, of which some movements have even now not yet been composed, much less played. The developments have been remarkable. In therapeutics, the sequence from liver itself to oral and parenteral extracts, crude and refined, to folic acid, folinic acid and vitamin B_{12}. In clinical medicine, the comprehension of much about the megaloblastic anæmias, not only pernicious anæmia but also the nutritional anæmias of pregnancy, infancy and alimentary disturbances such as sprue. In physiology and pathology, a steady advance in knowledge of the fundamental processes of blood formation, including the cytochemistry and biochemistry of erythropoietic metabolism, all of which has illuminated the field of protein chemistry far beyond the hæmopoietic system.

With the discovery of the efficacy of liver the true pathology and ætiology of Addisonian Anæmia was shown to be not a hæmolytic phenomenon, but a maturation defect causing dyshæmopoiesis—a shift from a destructive process to a deficiency disease. Nevertheless, there is ample evidence that excessive red cell destruction contributes to the anæmic state, even though this hæmolytic aspect is of quite secondary importance compared with dyshæmopoiesis (Singer *et al*, 1948).

The concept of Addisonian anæmia has, however, been greatly extended, so that it is now regarded as a generalized cellular disease, and not simply as a dyshæmopoietic anæmia with neurotrophic complications. Cellular degenerations or changes are found not only in the erythroblasts of the bone-marrow and the tissue of the central nervous system, but also in the granular leucocytes of the marrow giving rise to macropolycytes, in the megakaryocytes, in the epithelial cells of the tongue, œsophagus, stomach and even the respiratory tract (Graham and Rheault, 1954). These multiple changes are all rectified with liver or vitamin B_{12}.

Many times during the past hundred years has diet been considered important in the treatment of Addisonian anæmia. Many times also has the fashion changed, as is so frequently the case with dietetic measures for any pathological condition even to this day. Fenwick (1880), for example, recommended protein foods rather than farinaceous, whereas Hunter advocated the reverse. It should also be appreciated that others (Gibson and Howard, 1923) before Minot and Murphy—some also basing their work on that of Whipple and his colleagues—had prescribed liver for patients with Addisonian anæmia, and had reported improvement, but none had recognized that liver possessed a complete curative effect.

What is remarkable is not that Minot and Murphy thought of trying the effect of liver, since there were a number of pointers, from the well-known beneficial effect of liver-soup in sprue to the experimental work of Whipple, but that they had the foresight or instinct or courage to exhibit it in sufficient amount—½ lb. or more of raw or lightly cooked liver a day for life—and with sufficient persistence to obtain and maintain the required effect.

There should be a plaque somewhere to record the fortitude and faith of the first forty-five cases of Addisonian anæmia whom Minot and Murphy treated, who endured this nauseating treatment, and so gave this great boon to mankind.

When I was in Boston in 1946, there was a dramatic clinical demonstration of two cases of Addisonian anæmia at the Peter Bent Brigham Hospital. Minot and Murphy were both present. The first case was one of the original series of forty-five reported in 1926; she had reached the age of 80, and was dying of carcinoma of the stomach; she had had more than twenty years of happy life, and had graduated through all the advances in liver therapy to that time.

The second case, a newly-identified one, presented as a contrast, had, with one single parenteral injection of a concentrated extract, exhibited a maximum reticulocyte response and all the other expected features of a complete remission.

Minot's technique for estimating an early response to treatment by means of a reticulocyte count was a neat and most effective clinical method for control. It was probably crucial in the discovery of liver, since the occurrence of a reticulocyte crisis encouraged persistence and indicated dose. It has since found numerous applications in clinical hæmatology, as well as in the elucidation of the pathology of blood diseases and the evaluation of methods of treatment.

The remarkable investigations of William B. Castle and his colleagues, which began in 1929 and continue even to this day, have clearly shown the rôle of the stomach in the production of Addisonian anæmia. The experiments, brilliantly planned and faultlessly executed, showed the relationship between normal hæmopoiesis, the diet, gastric secretion and liver function.

Castle's work can be accounted among the greatest advances in the study of disease processes. It called attention to the vital point in Addisonian anæmia—that certain stomach secretions were essential for fundamental nutrition. The weak antiseptic action of the normal stomach juices in preventing the implantation of a hæmolytic organism in the intestine, the basis of twenty-five years of treatment for Addisonian anæmia, ceased to be important almost overnight.

Castle's experimental work led him to propose (1930) his hypothesis that normal erythropoiesis depended upon a substance of unknown composition generally referred to as the hæmopoietic or anti-pernicious anæmia principle. This principle, he suggested, was formed in the normal stomach, or in the small intestine by the interaction of two factors—an extrinsic factor present in certain protein constituents of food, and an intrinsic factor secreted by the epithelial cells of the fundus of the stomach.

The hæmopoietic principle, absorbed from the alimentary tract, was stored in the liver, whence it ultimately reached the bone-marrow by way of the blood stream. Castle's hypothesis explained Addisonian anæmia by an absence of intrinsic factor; it had also the merit of supplying a rational explanation for most megaloblastic anæmias either by other deficiencies or by failure in the processes of absorption, transport or storage of the hæmopoietic principle.

The treatment of Addisonian anæmia quickly evolved from Minot and Murphy's great announcement, largely as the result of the work of Edwin J. Cohn and his associates who, in 1928, introduced a refined and highly potent liver extract for parenteral injection, which was subsequently improved through the following decade. Somewhat later, Sharp (1929), Sturgis and Isaacs (1929) and Wilkinson (1930) showed that hog's stomach contained a substance active in the treatment of Addisonian anæmia. This factor, at first thought to be the same as that present in liver, was found to have different properties; it can now, in the terminology of Castle's hypothesis, be regarded as intrinsic factor, and can, in fact, be used to effect absorption of vitamin B_{12} from the stomach.

With increasing knowledge, however, it became clear that Castle's hypothesis was not a complete explanation, since it did not always fit new facts as they were discovered. It was, for example, found that a number of megaloblastic anæmias would respond to crude liver extracts, but not to refined and concentrated products, and this suggested that liver contained more than one substance, each or all of which might be necessary for supplying the deficiency in different types of megaloblastic anæmia.

This belief was eventually confirmed by the synthesis of folic acid in 1945 by Angier and his team, and the isolation of vitamin B_{12}, almost simultaneously, in 1948, by Lester Smith in England and Rickes and his colleagues in America. Studies with these substances have shown that the anti-anæmic properties of liver itself, as well as the crude extracts or products, can be attributed to both folic acid and vitamin B_{12}, whereas the refined liver extracts owe their activity to vitamin B_{12} alone. Addisonian anæmia, including the neurological complications, is now known to be due essentially to a deficiency of vitamin B_{12}, whereas most, if not all of the other megaloblastic anæmias of similar hæmatological type are due to a deficiency of both folic acid and vitamin B_{12}, or, in some cases, of folic acid alone.

So far as Addisonian anæmia is concerned, the limitations of folic acid are now fully appreciated. Notwithstanding hæmopoietic activity, folic acid fails to prevent or cure the nervous lesions associated with the disease. Indeed, excessive administration would seem to precipitate neurological complications in advanced and untreated cases of the disease by rapidly immobilizing any traces of vitamin B_{12} in the tissues, thereby creating an acute and sudden shortage of essential neurotrophic material.

Vitamin B_{12}, or cyanocobalamin, the unique cobalt-containing material which was isolated by modern methods of chemical separation, was originally prepared by an expensive process from ox-liver. It is now obtained from the metabolism fluids of a number of bacteria.

In Addisonian anæmia it is active in a daily dose as low as 1 microgramme, whilst a satisfactory hæmatological response can be obtained with as little as 20 microgrammes a day, and a maintenance dose of some 45 microgrammes every six weeks. It is also protective against the neurotrophic complications in the same somewhat uncertain and unpredictable manner as occurs with liver extracts. Experience has shown that a dosage higher than the minimum should always be used, and especially in arteriosclerotic subjects or those in whom an infection supervenes. Something of the order of 100 microgrammes a day is advisable until remission is complete, with a maintenance dose of 50 microgrammes every two weeks. Maintenance by means of massive doses at long intervals is unsatisfactory. It is now also appreciated that most cases of Addisonian anæmia require to take iron in order to complete recovery, whilst a number may be thyroid-deficient.

The evolution of liver treatment for Addisonian anæmia from 1926 to the present day has emphasized certain therapeutic principles, has revealed a number of complications or difficulties and, above all, has brought to light something of the nature and mode of interaction of various related substances in the processes of hæmopoiesis, especially with regard to the synthesis of substances which are fundamental constituents of a biological cell, namely, nucleic acid and its derivatives.

None would now question that Addisonian anæmia, a deficiency disease due to failure of stomach function, is incurable, and that adequate treatment must be maintained for life, if hæmatological relapse and, above all, neurotrophic complications are to be avoided.

A critical analysis (Wilkinson, 1932) of such cases as have been reported to have re-established the essential gastric function, has shown quite clearly that most, if not all, are likely to have been sprue or some other alimentary disease, rather than Addisonian anæmia. Fully restored cases usually relapse in two to ten months if treatment is omitted, but some have remained well for nearly two-and-a-half years.

Proper maintenance, with hæmatological control, is, however, a prime requirement, since it is really no kindness to cure a patient of Addisonian anæmia if he is afterwards to develop, and die from, preventable spinal paralysis.

Clinical experience has shown that the dosage of vitamin B_{12}, whether as such or as liver extract, should be increased in the aged, the arteriosclerotic, and in such as develop an infective process, whilst septic foci should be removed. Other deficiencies may also complicate the picture so that some with Addisonian anæmia may be found to need regular courses of iron, or thyroid extract, and sometimes vitamin C, whilst those with neurotrophic disturbances are the better for large doses of the complete vitamin B complex which, with calcium pantothenate, may be very effective in relieving other deficiency symptoms, such as glossitis.

In brief, the treatment of Addisonian anæmia has evolved to the point where specific curative treatment is available, with which the physician can ensure that no patient who is co-operative need die of the disease *per se*. But this is not to say that the treatment has reached a mechanical stage where neither skill nor art is required. Optimum dosage differs from patient to patient. Constant hæmatological and clinical supervision are necessary. Minor difficulties, such as sensitivity to liver extract, may be troublesome, and the possibility of other incidental deficiencies should always be in mind, since their treatment can greatly increase the comfort and well-being of the patient.

So much for the evolution of treatment. This survey would not, however, be complete without some short and simple account of the revelations arising from this evolution in respect of the fundamental pathology and biochemistry of erythropoiesis.

Knowledge has come from many sources, but above all from the clinical field (which would have pleased Addison), since no satisfactory technique for assay and evaluation in an animal has ever been devised. Castle, for example, had to carry out the whole of his classical work on the human subject, and, likewise, with the primary testing of various extracts of liver, as well as folic acid and vitamin B_{12}.

Throughout the years the hypothesis of Castle has provided an invaluable working basis for the clinician in all cases of megaloblastic anæmia. It has to be admitted, however, that the hypothesis is no longer acceptable in its original form, even though in the clinical field it still has most valuable applications, and has also provided a focussing point for new discoveries which might otherwise have become inextricably confused.

But vitamin B_{12}, which, at the outset, was thought to be the hæmopoietic principle, has the natural distribution and all the properties of extrinsic factor. It cannot be absorbed in active form without gastric intrinsic factor, but once absorbed, it behaves like the hæmopoietic principle. Evidence has now accumulated to show that vitamin B_{12} itself is microbiologically active, but not hæmopoietically so, unless it becomes bound to intrinsic factor, possibly a mucoprotein, in the gastric juice or its counterpart in the tissues. The bond is heat-labile, and when dissociated by heat the vitamin B_{12} is no longer hæmopoietically active. In Addisonian anæmia, vitamin B_{12} is highly active by parenteral injection by reason of a tissue-binding substance since it appears in the serum in bound form, but it is only active by mouth when given in massive dose (3 mg.) or in association with normal gastric juice (Ungley, 1949).

Knowledge concerning erythropoiesis has also come from studies in bacterial metabolism and animal nutrition and, indeed, the fact that intestinal bacteria may immobilize such substances as vitamin B_{12} has an influence on therapeutics, which may be profoundly altered by a change of flora brought about by an antibiotic. Thus, the binding of vitamin B_{12} so that it is no longer available to bacteria may, in fact, be one of the essential functions of Castle's intrinsic factor, irrespective of conversion of vitamin B_{12} to a hæmopoietically active form.

A problem of fundamental importance is a determination of the functional relationship between folic acid and vitamin B_{12}, particularly as to whether they are independent hæmopoietic agents or whether their actions are inter-related so that the presence of one is necessary for the functioning of the other. Folic acid was at one time thought to correspond to Castle's extrinsic factor, but this obviously is not the case and, indeed, it is difficult to fit folic acid into Castle's hypothesis at all.

The activity of folic acid seems to be dependent upon its conversion to folinic acid, otherwise known as the citrovorum factor, and so called because it is an essential growth factor for *Leuconostoc citrovorum*. Folinic acid has been shown to be therapeutically active in certain megaloblastic anæmias (Davidson and Girdwood, 1951), but, unfortunately, attempts to throw light on the relationship of folic acid, folinic acid and vitamin B_{12} by *in vivo* and *in vitro* studies of bone marrow have produced confusing and inexplicable results. When vitamin B_{12} is injected into the bone marrow of a case of Addisonian anæmia in relapse, the material is utilized by the cells, but this is not the case with either folic acid or folinic acid. On the other hand, when the materials are tested *in vitro* with megaloblastic marrow cultures, folic acid can bring about normal maturation, whereas vitamin B_{12} will not do so unless associated with normal gastric juice.

Studies of the metabolic requirements of bacteria have also shown that the pyrimidine base, thymine, can replace folic acid, and that the desoxyriboside of thymine, thymidine, can replace vitamin B_{12} in satisfying certain essential growth requirements of organisms. Both of these substances, as well as a number of others (Welch and Heinle, 1951), possess some hæmopoietic activity in megaloblastic anæmias.

This rapidly accumulating tangle of facts has not as yet been unravelled, but from the angle of basic biochemistry the views of Vilter and his colleagues (1950) offer a logical and rational approach to the problem, particularly in the co-ordination of bacteriological metabolic experiments with therapeutic results in the megaloblastic anæmias.

In brief, it is suggested that all the substances which I have considered are concerned in the formation of nucleic acid, which is essential for hæmopoiesis. The synthesis of nucleic acid is thought to be brought about by a "chain reaction" in which, in the first stage, folic acid, probably first converted to folinic acid, exercises a coenzyme function in the formation, from uracil and other simple substances, of purines and pyrimidines (such as thymine). In the second stage, vitamin B_{12} is thought to act as the coenzyme for the conversion of pyrimidines to nucleosides (such as thymidine) which are available for the formation of nucleotides, and so of nucleic acid. On this theory a deficiency in either folic acid or vitamin B_{12} may cause a breakdown in nucleic acid metabolism.

These views point to there being some interplay between folic acid and vitamin B_{12} in certain metabolic processes, and it may well be that the riddle of the interchangeable hæmopoietic rôles of these substances in Addisonian anæmia will be solved only through detailed studies of biochemical reactions.

We know that we have not yet solved all the therapeutical problems of Addisonian anæmia, much less drawn all the dividends from the discoveries which have been made since Addison first lighted a beacon a century ago.

At that time, he could hardly have been aware of the magnitude of the vista which he was about to illuminate, even as we do not know what will happen in the next century.

In a brief hour I have tried to look over the past, including the near-past in which the tempo of advance has so rapidly increased. In so doing, one remembers with gratitude the heritage of this great Hospital through its many sons whom Addison inspired, most of whose contributions in the field of my subject can be found in succeeding volumes of the *Guy's Hospital Reports.*

I think of Wilks, Pye-Smith, Taylor, French, Campbell, Hurst, John Conybeare, Izod Bennett, whose pupil I once was because he came to us at Middlesex, and John Ryle, who was my immediate predecessor at Cambridge.

"Let us now praise famous men".

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THE BOY THAT KNEW TOO MUCH

By TYMPANUM

"His Grace, the President of the Inquisition!"

A rumble passed through the Hall. The ecclesiactics and lawyers rose to honour Manuel da Gama, Archbishop and Papal legate, as he entered and seated himself deliberately in the centre of the dais. He acknowledged them, proceeding at the same time to fumble amongst the papers on the carved table before him. At last he found what he was searching for and beckoned to the clerk of the court.

"Call that young heretic Pipot", said his Grace maliciously, "and see that he is carefully guarded. He must not be allowed to dance about as he did yesterday. Make him understand we have the power to have him torn limb from limb—if necessary."

The clerk departed after making profound obeisance to da Gama, who immediately engaged himself in conversation with his benign secretary—the Frenchman Father Abelard. The latter had been the instigator of the case against Pipot, and was looking forward with Christian piety to the time when the young Gascon would be stretched upon that most helpful tool of the most Holy Inquisition —the rack.

Pipot had been his valet although he had never given satisfaction; having had a curious knack of putting out odd shoes and unbuttoning vestments completely until they became little more than a series of large holes. However, since Pipot was the only person in Seville with whom Father Abelard could converse in his native language, the boy's indiscretions were pardoned and he confessed his sins to the learned Father every morning at Mass.

One morning, however, the priest taking Mass was a stranger and Pipot had taken the opportunity of cursing Father Abelard; not only did he abuse his master but had dared to turn his invective against the Lord Archbishop himself. Unfortunately the priest happened to be strolling through the cloisters after the service and had overheard every word of Pipot's tirade. What is more, having studied French none of the terrible oaths were unknown to him.

Thus Pipot found himself dragged in front of the Holy Inquisition awaiting a long stretch!

Father Abelard left off talking to the Archbishop and turned to the guards who had just brought the erring youth into the court-room.

"Your Grace", he began suavely, "I ask that this sinful servant of mine be purged by those methods approved by Mother Church in dealing with heretics and Jews. Much leniency have I shown him: many times have I overlooked his clumsy and inadvertent mismanagement of my personal affairs. Yet he has rewarded my kindnesses with curses", and, here the overfed Churchman crossed himself, looking with awestruck eyes at the Archbishop—"he has profaned against my spiritual leader and revered master, your Grace. I had endured much, but after this blasphemous outburst, I felt compelled upon to draw the Court's attention to this miserable youth. Therefore I ask once more that disciplinary action be taken, so that his soul may be saved from everlasting perdition." He bowed and resumed his place amongst the lesser clerics at the foot of the Archbishop's table. By this time Pipot was feeling thoroughly bored. He stood there—young but not frightened, his arms folded, a smile upon his face and viewing the proceedings with an air of complete detachment. The previous day had been the first that he had spent in a court; it had been a novel experience and he had sauntered about the court room glancing at the lawyers' documents and admiring the carvings upon the legs of the President's table. The guards had been so astounded by this unusual behaviour that they had hesitated, never attempting to prevent his moving. Not until the Archbishop had whipped them into action by means of his harshly obvious sarcasm did they seize the boy and drag him to his place. Today it was different; they fixed their eyes upon the slim figure in front of them and awaited an opportunity to pounce on it if it showed the slightest tendency to wander.

The Archbishop, having made a careful note of Father Abelard's indictment, now leaned back in his chair, pondering. He did not wish to be too hard in this case, yet his good name had undoubtedly been unjustly slandered in the presence of a visiting priest. After a long pause he delivered his sentence:—

"My holy brothers, you have all heard the charge brought by Father Abelard and consequently you will not find it difficult to understand that it is my desire to punish the miscreant. I therefore propose to have him elongated two inches beyond his normal height upon that most blessed instrument of the Holy Inquisition—the rack."

A murmur of discreet approval went up from the clerics. Pipot smiled cynically upon the hypocritical gathering of unctuous priests.

"My thanks Manual da Gama", he replied coolly. "I accept your—er—merciful verdict, but remember that my father will soon be here with an army of pitiless mercenaries. They will not spare you. The rack will be as an easeful silken couch to what you will suffer. Beware, your Grace of the vengance of—er—of—er!!!

"Hell", said Director Sam Ostrovitch. "It's dem doggone highbrow script writers. De kid can't get de words. Vot dey tink dey're doing—anoder tousand feet of vilm vasted."

And that night, the cameramen worked and worked and worked, whilst that nauseating prodigy slept peacefully in his golden cot.

DIE FLEDERMAUS

It was rather pleasant to be back in the 'Gilded Cage'. Perhaps the gilt was a little less lustrous, and the animals looked down from the walls with a more reproachful stare than before. The Tate had taken back all its fine paintings and the fearful chandelier hung with even greater menace over groups of coffee-sipping officers. It was not quite the same, but the emotions registered a mild nostalgia. I thumbed through the 'Suggestions Book' and read an entry by an officer (now an eminent psychiatrist) requesting bread and butter for tea instead of sandwiches.

My room seemed to have been designed by Rothschild for the terror of agoraphobics. In bed, one felt in the middle of the Sahara and the ceiling was almost invisible in the gloom. I fell into a restless sleep, but was soon disturbed by some agency in the vicinity of the French windows. In the confusion of sleep this was identified first as a mess party and later as a new arrival posted in. Finally, groping my way back to consciousness, the sound of vibrating wings found me leaping out of bed, fumbling in an ataxic fashion for the switch. It was 2 a.m. I reflected bitterly that draught Watney had never done this to me before. In the dim light the intruder circled the room, while in a moment of hysteria I inspected my big toes for a tell-tale ooze of blood. The creature had clearly entered by a long, narrow window fully 20 feet from the ground and above the glass doors.

But this was easy. Pulling aside the curtains, I flung open the French windows and then, opening the door of my room, I stood outside, a grotesque figure in pyjamas reflected *ad nauseam* in the stucco mirrors of the landing. After a series of circuits, it was clear that the loathsome bird had no intention of leaving by either of the pre-arranged exits. Settling finally on the top of the window, it disappeared into the night.

To return to bed was out of the question until the window had been closed. Staggering downstairs, I found a sleepy erk drooling over the front page of *Reveille*. At my approach, this was replaced by a copy of *Air Clues* with sleight of hand which would have ensured membership of the Magic Circle. 'Flying round the room, was it sir?' He leered at me and metaphorically smelled my breath. One should really carry badges of rank on one's dressing-gown to deal with situations like this. He shuffled off, to return carrying a pole not less than 18 feet in length. We started up the back stairs. At the first landing the pole removed a group of coats from their hooks on the wall. At the second bend there was a noise like some discordant xylophone as the pole tangled with the metal rails. A door opened and a dim figure swore copiously at me.

I entered the room first. It was there again. The erk ducked and joined me outside the door. The end of the pole moved backwards into space, approaching the chandelier. I shut my eyes, thinking that it would all look rather well on my mess bill. *Article:* Chandelier. *Type:* Mess, Officers. *Quantity:* One. The animal made several passes at the open door so that our interest should not wane and then continued to circle warily. I thought wildly that one of the dog-owning officers might have a Galtons whistle. In theory, at least, this might lure it from the room. The erk thrust his acne close to my ear and whispered: 'It's settled on the window, sir.' Grasping his pole, he lunged forward and pushed the window shut. There was a nauseating crunch and a shower of dust. The creature emitted one last supersonic screech and expired—or did it? I was left alone again in a horror of uncertainty. Peering upwards into the gloom, I could imagine that with a few convulsions it would fall back into the room with a leathery thud.

I crawled back into bed, determined to stay awake until dawn. Why, I thought, had that fool made such a mess of it? Surely he could have waited, for the animal was going to fly out in any case. And then, with that peculiar, schizophrenic type of thought which precedes sleep, I said to myself: 'Damn it, he should have known better. After all, he was the duty batman.'

K.A.

A VISIT TO THE ROYAL NAVAL BARRACKS, PORTSMOUTH

Recently the Royal Navy were hosts to a party of twelve Dental students (six from Guy's and six from the Royal Dental Hospital) at Portsmouth where we had been invited to inspect the Dental establishments in and around the premier naval port. Under the expert guidance of Surgeon-Commander (D) J. C. Benson we were treated to a most instructive and enjoyable programme, culminating in a short visit to the historic H.M.S. *Victory*.

The split second timing of Naval efficiency was evident throughout our tour, starting when we were taken by the Maintenance Commander's launch across the harbour to the Royal Naval Hospital at Haslar. Here we were shown well equipped dental surgeries in the hospital, which we were pleased to note came under the charge of an ex-Guy's man. He stressed the shortage of dental surgeons in the Navy to-day and it was obvious that there were many advantages to a career in the Royal Navy.

From Haslar we were taken to the Royal Naval Medical School, beautifully situated at Alverstoke. The dental section of the school is comprehensive and we were fortunate in seeing some very realistic vinyl resin models used in a film recently made at this medical school and just released. It was explained that minor oral surgery could be practised on these models to some extent.

After a visit to H.M.S. *St. Vincent* shore establishment our party was taken by launch back to Portsmouth and we were entertained to a very fine luncheon in the wardroom of the R.N. Barracks.

Following this came an inspection of the dental surgeries in the barracks and Surgeon-Commander Benson was able to show us laboratories where prosthetic work for Naval establishments over a large part of the south of England is carried out.

A visit to H.M.S. *Tyne* (acting Flagship of the Home Fleet) enabled us to inspect the excellent dental facilities at sea, and a talk with the ship's M.O. followed by inspection of the sick bay was in vivid contrast to our rapid but intriguing tour of the *Victory* where our interest was to an extent focussed on the somewhat restricted facilities to which Dr. Beattie (ship's surgeon) was accustomed in Nelson's day.

An article recording such an interesting day would hardly be complete without our acknowledgment of the kindness shown by Surgeon Rear Admiral (D) L. B. Osborne in arranging this visit. We hope that other students in subsequent years will also have this pleasure.

REVIEW

Hypnotic Suggestion. By S. J. VAN PELT, M.B., B.S. John Wright & Sons Ltd., 1955. *Price 8s. 6d.*

Clearly, if somewhat colloquially, Dr. S. J. Van Pelt presents his thesis that hypnotic suggestion plays a major rôle in the ætiology of the psychoneuroses. He claims originality for a theory of the nature of hypnosis as a form of "superconcentration of the mind", illustrating this diagrammatically with a quantum concept of "units of mind power" concentrated within the beam of hynotic suggestion. His theory of the ætiology of the psychoneuroses however seems to agree in all but nomenclature (he equates self-hypnosis with concentration or vivid emotional impact) with current psychiatric teaching.

There is a historical outline, which unfortunately degenerates into a list of names, a discussion of the incidence of susceptibility to hypnosis and a clear description of the phenomena which are possible as a result of hypnotic suggestion. The author describes his therapeutic technique stressing that light hypnosis with relaxation, realization of the "root cause"—always in Dr. Van Pelt's cases a simple emotional incident or idea, followed by re-educative suggestion, is all that is necessary. Twelve successful cases are detailed.

This book is addressed to general practitioners and those intending to specialize in the treatment of " psychoneurotic and psychosomatic disorders " but the presentation appears to be rather superficial and little attention is paid to the possible failures and dangers of hypno-therapy. B.L.M.

SAYINGS OF THE NOT-SO-GREAT

An Anæmic patient:

"The hospital doctor then sent me to a Genealogist and she said I had a bleeding Thyroid."

(It took the doctor quite a minute or two to sort this out—looking very wise, meantime.)

INSOMNIA

One cannot know, one cannot tell
All devious ways which lead to Hell,
But sure am I of one straight path
My sleepless mind sleeps aftermath.
Kind contorted creased with care
The ceaseless cycles circle here,
Whirling wild in wretched mirk
Why not in day time does it work ?

An Aleptic.

CORRESPONDENCE

Letters to the Editor of the Gazette

Cricket Club

SIR,—I have no doubt that the Secretary of the Cricket Club has notified you already but if not, would you kindly note that the final between Guy's and Middlesex is to be played to the finish on Bart's athletic ground at Chislehurst commencing, Saturday, 20th August, at 11.30 a.m. I sincerely hope that there will be a strong Guy's contingent present as it was very disappointing to find only a handful of enthusiasts at Honor Oak Park to see Guy's achieve a most meritorious victory in the Semi-Final over St. Mary's who at one stage had the game more or less in their pockets.

When I arrived at the ground, Guy's on a good wicket had only scored 105 with six of the side out. Then two Cambridge men, i.e., Morgan and Gunn got together and staged a wonderful 7th wicket stand of 196 which I think is a record for inter-hospital cricket. They made the St. Mary's bowling look remarkably easy to play and obtained their runs as a result of powerful hitting in a short space of time. Finally, Guy's declared at 294 for 6, of which Gunn contributed 126 and Morgan 76 not out, leaving St. Mary's over four hours to get the runs.

Then it was a real delight to watch Guy's fielding which was first-class and the bowling, superb. There is no doubt they have a very fine team spirit and from their record this season they have a strong batting side from 1 to 10.

It was an excellent idea to invite the boys and girls from the local school to see the game before tea. They were most enthusiastic and vociferously applauded any good bowling, fielding or batting.

I do hope there will be many Guy's men present on the 20th as I am sure the trip will be well worthwhile and they will certainly see some exciting and lively cricket of the highest order.

Yours, etc.,

J. H. E. WINSTON.

Guy's Hospital,
London Bridge, S.E.1.

Dr. Fison and Relativity

SIR,—I well remember Dr. Fison's lecture on Relativity to which Mr. Hulett refers. Dr. Fison gave me permission to take my father, who had had a scientific training, to hear it. We both came away, however, doubtful as to whether we *were*, or *were not*, and even if we *were*, what was our size, since Dr. Fison explained that we "*actually*, and *not relatively*" (I quote Dr. Fison's own words) increased in size according to the speed at which we travelled. Nevertheless on coming out from the lecture we were both intrigued with the remark made by one of my fellow students who stated that he intended tying a piece of string to a platinum pin tooth, running like hell, and selling the pins while they were *actually* larger.

The lecture was held, however, before June, 1922, as I left Guy's that month and the lecture was given while I was a student.

Yours, etc.,

H. GORDON RYDER.

"Wickham", 76, Main Road,
Wakatu, Nelson,
New Zealand.

Laughter.

SIR,—"G. L. D." in his article on "Laughter" has attributed to Shakespeare a quotation which should have been credited to Oliver Goldsmith. "The loud laugh which bespeaks the vacant mind"—(The Deserted Village).

Yours, etc.,

E. A. R. BERKLEY.

"Jaylands",
Abberley, Worcester.

HOSPITAL INFORMATION

APPOINTMENT VACANT

GUY'S HOSPITAL MEDICAL SCHOOL, S.E.1.

Applications are invited for the appointment of **Assistant to the Director of the Department of Obstetrics and Gynaecology** (part-time). Salary ranges from £750 to £900 per annum. Duties to commence as soon as possible. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital, S.E.1, not later than the **14th September, 1955.**

APPOINTMENTS

Robert G. Walton, M.B., B.S., has been appointed as visiting Dermatologist at Stanford University Hospital, Dermatologist to the Stanford University Tumor Board and clinical instructor to the Medical School.

GUY'S HOSPITAL MEDICAL SCHOOL

The following appointments and re-appointments to the Junior Staff have been made for the session 1955–56:—

Assistant to the Director of the Department of Medicine:

K. D. Allanby

Senior Assistant (Research) to the Director of the Department of Medicine:

J. R. Trounce (2 years)

Junior Assistant (Research) to the Director of the Department of Surgery:

J. L. Hayward

Junior Lecturers in the Department of Morbid Anatomy and Histology:

J. P. M. Bensted
J. Dobbing
G. A. K. Missen

Gull Student:

G. A. K. Missen

Lecturer in the Department of Forensic Medicine:

A. K. Mant (3 years)

Junior Lecturer in the Department of Bacteriology:

G. B. Skinner

Senior Lecturer in the Department of Chemical Pathology:

R. W. R. Baker (3 years)

Junior Lecturers in the Department of Chemical Pathology:

G. R. Webster
P. H. Wright

Junior Lecturers in the Anatomy Department:

R. G. Beard (part-time)
J. W. Goodfellow
D. B. Longmore
I. Macmillan
P. L. Williams

Junior Lecturer in the Physiology Department:

K. G. Wormsley

Lecturer in the Department of Biochemistry and Chemistry:

R. J. Bridgwater (2 years)

Lecturers in the Physics Department:

C. K. Battye (6 years)
A. Nightingale (2 years)
S. J. Wyard (4 years)

Lecturers in the Biology Department:

J. Griffith (3 years)
B. J. Rickard (3 years)

Assistant Lecturer in the Biology Department:

Miss M. A. Fowler (2 years)

GUY'S HOSPITAL DENTAL SCHOOL

Full-time Assistant to the Director of the Department of Conservative Dental Surgery:

W. A. Vale (5 years)

Full-time Assistant to the Director of the Department of Dental Prosthetics:

D. J. Neill (3 years)

Demonstrator of Dental Anatomy:

D. C. A. Picton (part-time)

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a comitia of the college the following Guy's men were elected for the ensuing year.

Finance Committee

W. N. Mann

Examiners

Panel of examiners for the membership examination: A. C. Hampson, M. E. Shaw, E. R. Boland.

Chemistry: W. L. G. Gent.

Physics: C. B. Allsopp.

Materia Medica and Pharmacology: R. S. B. Pearson, J. M. Robson.

Physiology: W. R. Spurrell.

Pathology: F. A. Knott.

Medical Anatomy and Principles and Practice of Medicine: W. N. Mann.

PASS LIST

UNIVERSITY OF LONDON

Third (B.D.S.) Examination in Dental Surgery.

June, 1955

Honours

Annette F. P. Pountain (Distinguished in Orthodontics).

Pass

A. S. Baker
C. J. Booth
P. L. Cumming
A. N. Greenwood
J. A. T. Kamps
C. B. G. Major
J. Metcalfe
P. E. Williams

Supplementary Pass List

The following Candidates have passed Part I:

Helen A. Akiwumi
J. C. Askew
S. X. E. Bengo
M. L. Brenchley
B. Clark
B. S. Cryer
E. N. Daver
W. A. Dearlove
D. J. Endacott
Greta R. Fink
G. H. Forman
M. S. Hinton
C. Howard
L. V. Howard
G. M. Huddleston
Tatyana Katisevs
H. K. Kemp
P. A. S. Lavelle
H. J. Leake
D. T. H. Lloyd
C. Maggs
K. F. Moos
P. M. O'Driscoll
H. C. Pritchard
D. L. Rivett
I. W. Scantlebury
M. J. Scott
E. E. Silcock
P. J. Stubblefield
M. J. Sutton
J. D. Trezona
R. A. R. Wallace
M. A. Young

The following Candidates have passed Part II:

N. W. V. Bryan
N. R. Cooke
N. L. Crabtree
M. S. E. Gould
Annie Hanegraaff
D. M. Hobbs
Shirley M. Kanaar
W. A. Miller
C. E. Rees
D. A. Rees

Second Examination in Dental Surgery

P. Banks
A. Blackler
A. J. Chapman
R. J. Cutler
G. F. de Silva
Marina J. Drage
M. J. Dredge
Madeleine V. Fairchild
Irena K. Friedman
E. D. Fulstow
B. N. Goode
C. Green
R. M. W. Griffith
M. J. Hill
J. L. Humphrey
D. C. Inman
Jill Joslin
Marcela L. Kodicek
T. A. T. Kolb
E. J. L. L'Efevre
G. J. Longson
J. M. McCormack
M. Mahendra
Mary E. Maynard
J. C. V. Mitchell
Margaret G. Moran
R. Naylor
T. K. Oh
R. E. Potts
I. Rosenthal
G. L. E. Savy
D. C. Sellman
J. M. Snook
T. G. Tetlow
S. J. Whitten
C. G. MacG. Williams

Special First Examination for Medical Degrees

June, 1955

Barbara M. Cox
Ann D. Fairclough
D. J. Fishlock
K. E. E. Hubble
D. A. H. Langman
L. M. Razavi
R. S. Terry
W. L. Wiseman

The following Higher School and General Certificate of Education Candidates have completed exemption from the first Medical Examination.

N. P. S. Barry-Taylor
D. Bevan-Thomas
M. F. Biggin
A. J. Bron
C. T. Brooks
J. P. B. Budgen
R. G. Bury
D. G. Carr
Margaret E. Cash
M. E. Cavendish
Annette L. Chapman
T. J. H. Clark
H. M. Clink
K. J. Connolly
K. S. Cowley
E. R. Dixon
I. D. Evans
P. P. Fanning
Jennifer P. Fry
Susan R. Greenwood
T. L. Griffiths
J. B. Gritton
Jill Hampton
I. W. Hanwell
Annette Hasquencort
R. D. Hill
K. E. F. Hobbs
A. P. Hopkins
R-K. R. Innes
J. Leyshon
J. D. Lloyd Still
C. S. A. Madgwick
D. L. Morgan
J. McI. Murray
J. R. Norman
M. W. J. Older
D. A. Reynolds
D. B. Rosser
G. M. Slade
M. A. B. Sneary
R. J. Thomas
Patricia M. Thompson
E. R. Walrond
Rosemarie Walsh
Rosalind U. Ward
M. J. Watts
D. L. Wedgwood
M. S. Wirk
J. D. Wonham

Special Second Examination for Medical Degrees

June—July, 1955

J. G. Allardice
M. F. H. Bush
T. A. Grantock
A. Gooding
R. S. Greenwood
K. C. Hammond
G. R. Hill
A. S. Horniblow
R. G. Hornung
H. Hunt
C. M. Liassides
J. P. Lissenden
A. J. Macfarlane
R. H. MacKeith
B. W. Maitland
H. P. Rikard-Bell
I. C. Roddick
N. C. Russell
W. J. W. Siddall
B. R. T. Smith
J. F. Steele-Perkins
Ann E. R. Welch
P. J. A. V. Willems

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Faculty of Anæsthetists

Primary Fellowship Examination

June E. Brett

F.D.S.

Final Examination

J. A. Mepsted
D. J. Neill
V. G. Rice
W. G. Selley

CONJOINT BOARD

May, 1955

D.A.

P. G. Dunbar
B. G. Jackson
G. F. M. Pierce

July, 1955

D. Phys. Med.

B. G. B. Christie
J. B. Morrison

D.P.M.

P. J. F. Walsh

L.R.C.P., M.R.C.S.

Final Examination

July, 1955

Pathology

Hilary Allin
R. M. C. Butler
L. Cohen
J. B. St. C. Cumberbatch
H. J. Eldridge
J. O. O. Fajemisin
Florence P. Forsythe
N. W. Glendinning
P. D. Griffiths
R. S. Henderson
H. E. Inniss-Palmer
G. W. Jenkins
W. R. B. Jones
M. B. R. Mackenzie
D. M. MacLaren
R. Marx
B. S. Merry
D. A. Montgomery
J. A. Morgan
D. L. Oldfield
H. Pambakian
Iris C. Platt
R. H. Robinson
P. J. Stiles
C. D. Wooding
P. J. E. Wilson
J. S. M. Zorab

Medicine

*Joan W. Baker
G. C. Gould
Moira A. McLellan

Surgery

J. M. Clark
*J. M. P. Davies
*D. A. Earnshaw
*I. D. Hudson
L. W. Kay
*R. C. Morgan
E. D. A. Orsmond
*D. J. Palmer
M. S. Tyrell

Midwifery

Hilary Allin
C. Angeli
S. Bacchus
J. L. Croft
J. B. St C. Cumberbatch
B. L. Dodson
J. O. O. Fajemisin
Florence P. Forsythe
P. A. French
Margaret Fuest
J. F. Garner
D. C. Gill
J. D. Green
P. D. Griffiths
N. D. Gripper
R. S. Henderson
C. E. A. Holden
G. I. Horsfield
J. B. Illingworth
H. E. Inniss-Palmer
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D. M. MacLaren
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J. A. Morgan
G. M. Morris
N. W. Nicholson
*D. J. Palmer
Hazel M. Phillips
Iris C. Platt
R. H. Robinson
P. J. Stiles
J. A. Theobald
G. D. Thomas
C. J. Wallace
M. J. Williams
P. J. E. Wilson
C. D. Wooding
J. S. M. Zorab

* Have completed the examination.

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

July, 1955

Pathology, Bacteriology and Forensic Medicine: A. H. Atkinson

Medicine: J. Barrie, *J. F. Marsden, A. H. Sears.

Midwifery: Pauline J. Sandison, Gillian Wood.

* Has completed the examination.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Amiel, Gerald J. Recurrent Abortion Associated with a Bicornuate Uterus. *Brit. med. J.*, 1955, i., 1259.

Bass, B. H. Kartagener's Syndrome. *Proc. R. Soc. Med.*, 1955, **48**, 533.

Bass, B. H. Treatment of Vivax Malaria by Pyrimethamine (Daraprim) and Quinine. *J. R. Army med. Cps.*, 1955 (April), 153.

Cathie, I. A. B. Glandular Fever and the "Out-patient Syndrome". *Med. Pr.*, 1955, **234**, 95.

Hoff, W. Van't and others. Malignant Pheochromocytoma with Functioning Metastases. *Lancet*, 1955, ii, 274.

Houston, J. C. Iron Metabolism. *Postgrad. med. J.*, 1955, 31, 394.

Smith, Eric and another. Penicillin Anaphylactoid Shock. *Brit. med. J.*, 1955, ii, 302

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

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CHANGES OF ADDRESS

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E. N. Screech, L.D.S.R.C.S., 3680 Cadboro Bay Road, Victoria, B.C., Canada.

BIRTHS

EADES.—On 28th July, 1955, at Eye, Peterborough, to Ann (née Sykes, S.R.N.), wife of John Eades, M.R.C.S., L.R.C.P., twin sisters for Carolyn and Susan.

McCALLUM.—On 15th August, 1955, at Guy's Hospital, to Roisin (née O'Doherty, M.B., B.Ch.), wife of Alan G. McCallum, M.B., B S., a son, Andrew.

MILLS.—On 17th July, 1955, at Southmead Hospital, Bristol, to Nanette, wife of Peter Mills, F.R.C.S., a daughter (Shawna Julie), a sister for Susan.

TAYLOR.—On 16th July, 1955, at 31 Pickhurst Lane, Hayes, Kent, to Susan (née Goldschmidt, S.R.N.), wife of Brian H. Taylor, L.D.S.R.C.S., a daughter (Wendy Barbara), a sister for Michael and Sheila.

MARRIAGE

GLENDINNING—CANN.—On 16th July, 1955, at St. Mary's Church, Wimbledon, Neil Whittingham Glendinning to Gillian Mary Cann, M.B., B.S.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1751 3rd September 1955 One Shilling

PASSIM

Sentiment versus Safety

RABIES and quarantine have recently been the subjects of considerable discussion and correspondence. This is due to newspaper protests which have described the laws of quarantine as being out of date and unfair impositions upon the good nature of mankind and its dogs. The reasoning against the six month sentence served by imported animals has been essentially sentimental (as indeed one would expect). Mixed however with the softness of sentiment has been a reinforcement of quasi-logical thought —much of it unfortunately being based upon wrong premises.

"Why", say the opponents of quarantine, "should our pets be incarcerated as part of a campaign to stop the spread of an extinct disease?" This argument is superficially attractive and such slogans have become the battle cries of dog lovers all over the country. It is, on the whole, a pity that the errors of this statement have not been more definitely exposed. Fortunately, however, the realists' reply to sentiment has been expressed in five excellent letters to the *Sunday Times*, printed three weeks ago. These correspondents made the essential points that rabies is a very dreadful disease which is scarcely influenced by treatment and that Britain successfully keeps herself clear of the disease by rigid quarantine (the last human death here was in 1911). The last and most forcible argument for quarantine of effective duration is the quotation of instances where animals had died of the disease during their period of quarantine.

We realize that such a fundamental human emotion as love for a dog is certain to arouse strong feelings and that some people will always minimize the known dangers. All of us will have blinked away a tear for the lady who complained sadly that her pet did not know her after six months of enforced separation. However, when all this has been said, it must again be stressed that rabies is still prevalent on the continent, especially in the Mediterranean countries and in Eastern Europe. With this undeniable fact and the knowledge that, in the years of war, rabies became more common in countries such as Germany, Poland and France, we must surely approve the regulations which are at present in force. Fortunately as an island, we can control the entry of rabies by our present measures. We must challenge therefore the opinion of the *Evening Standard* columnist who, on 26th July, wrote:—

> "The quarantine law is an out dated piece of legislation based on medieval conditions. Rabies is a rare complaint these days. The number of cases is low. An epidemic could be checked by inocculation . . . This archaic law should be revised and brought into line with modern conditions."

No woolly sentiment over the unhappiness of a thousand dogs can be allowed to be used by the ignorant or the selfish to put one human life in hazard. Deliberate attempts to avoid quarantine could morally be regarded as attempted manslaughter and should merit severe punishment. Rigid observation of this most valuable measure of preventive medicine should never be in any doubt.

We offer to Sir Russell Brock our heartiest congratulations on the Gold Medal for Medical Therapeutics which was recently awarded to him by the Society of Apothecaries. This award was made for "his distinguished work in the surgery of the heart."

We offer a very warm welcome and our congratulations to two newly appointed members of the Medical School staff, Dr. Roger Warwick and Dr. R. H. Gorrill. Dr. Warwick, who is at present lecturer in anatomy in the University of Manchester, has been appointed to the London University chair in Anatomy at Guy's Hospital Medical School in succession to the late Professor James Whillis. Dr. Warwick, a graduate of Manchester, has published papers on various anatomical and neurological subjects.

Dr. Gorrill, who qualified at Charing Cross Hospital, comes to us from St. Mary's Hospital Medical School where he has been Senior Lecturer in Bacteriology. He has been appointed to the University readership in Bacteriology in the Medical School. He is the author of several papers on bacteriological subjects.

We know that all past and present Guy's men and women will wish to join us in wishing them a happy and fruitful career at our Hospital.

A prominent figure in national and Olympic athletics has for some time been working at the Evelina Hospital. This is Mr. P. B. Hildreth whose name is well known to all followers of British track-sports. We hope that Mr. Hildreth's great experience in running may be made available to our athletes, who would greatly welcome his advice. All of us, at Guy's and the Evelina, will watch his performances on the track with considerable domestic pride.

This time of year sees the annual stocktaking of the Wills Library and readers may remember that, in our last issue, we published a request for the return of all books and periodicals to the Librarian. This appeal has been ignored by a large number of borrowers and the poor response makes the librarians' work much more difficult. Will everyone having any book from the Library please return it immediately?

We congratulate the Middlesex Hospital Cricket XI, who have beaten us in the Inter-Hospitals' Cup Final. Our XI played well and deserve credit for reaching the final. We wish them better luck next year. An account of the game will appear in the next *Gazette*.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Fractured Spine*.
8th	Th	5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
10th	S	10.00	Mr. Ronald Raven (Westminster Hospital). Surgical Departmental Round. Clinical Theatre.
12th	M	1.00	Mr. A. D. Marston. Clinical Lecture. *Anaesthesia in General Practice*.
16th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
19th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture.

Thirty Years Ago

From Guy's Hospital Gazette, 29th August, 1925.

Cricket. Résumé of Season 1925. 1st XI

The season of 1925 will be remembered as being as good as, of not better than, any previous season. It is certainly the best we have had since the war.

The bare results are:— Played 27, won 21, tied 1, lost 2, drawn 3 . . .

There have been three main reasons for our success this year; the all-round strength of the batting, the magnificient bowling of Van Schalkwijk, and the fielding. In addition to this there has been the greatest enthusiasm throughout all the members of the Club . . .

The brunt of the bowling has once again fallen on Van Schalkwijk. Though perhaps not bowling so fast as formerly, he has had a wonderful year as his record of 110 wickets for 11.99 runs each shows. Match after match he has bowled 20 or more overs with hardly a bad ball, and his 8 wickets in the last innings of the Final, including the "hat trick," was a fitting climax to a great season's work.

Fifty Years Ago

From Guy's Hospital Gazette, 9th September, 1905.

Apropos of (the) decrease in the entry at Guy's and at all other London hospitals, a correspondent sends us an amusing cutting from one of the daily papers. The scarcity of medical students is thus explained: "Ill-health, riotous living and inability to study cause hundreds to break down. Many others—often the most promising—are the victims of stupid examiners, who, especially at London University, instead of intelligent questions, set stupid and purposeless problems." Each of the large London hospitals, we are told, has its own type of student.

"Bart's. Possess more "side" than any other students.
St. George's. Noted for "high tone" and aristocratic associations.
Guy's. Believe themselves to be gifted with supernatural ability.
Middlesex. Unobtrusive solid workers.
University College. "We are in the front rank".
London. A place of big things, and one very big man.
Westminster. Unlucky, but deserving.
Charing Cross, King's College, St. Mary's and West London. Good average men.
Royal Free. Women students."

We can understand the charge against ourselves, but not the contemptuous dismissal of the claims of the Royal Free Hospital.

THE SOUTH WEST

Dedicated to the Editor in August

Ask the way to Camelford, stay by St. Clether's Well,
Look Sou' Sou' West to Bodmin Town, or further to Lostwithiel
The earthy wraith-like garment which filters from sunlight slow
Fills swiftly falling time with a moment of golden glow.

Temple to Trebarwith and you who see the lie
Of hills that stretch away against the purple evening sky
Stand with the ghosts of Templars; or with
dwellers in moorland lore,
See a mist from Fowey River come up to Bodmin Moor.

Advent and Altarnun, the breath of Bodmin Moor
Shall bring an everlasting spring against a long fast door.
The Darling of St. David, King Arthur's Knights with all
The company who stand about the wild Dozmary Pool.

J.C.D.

HYPOTENSIVE DRUGS

A Clinical Lecture given at Guy's Hospital on 20th May, 1955.

By A. H. DOUTHWAITE, M.D., F.R.C.P.

Criteria of Hypertension

LADIES AND GENTLEMEN,—There is no general agreement as to what figures should be accepted as establishing hypertension, although there is general concurrence that the diastolic pressure is the all-important level. There are some who regard a diastolic pressure of 90 or more as indicative of hypertension, but I think this is placing the figure too low, and although naturally one's suspicions would be raised if such a figure were found in the comparatively young, I would not without considerable confirmatory evidence accept it as diagnostic, and prefer to think in terms of 100 mm. or more. The great difficulty which arises, and this I think affects consultants rather more than general practitioners, is that the readings may be greatly influenced by apprehension: and the consultant is more likely to cause elevation of blood-pressure figures than is the general practitioner. The latter's observations are, therefore, the more reliable. There are many who claim that if three readings at a single consultation give more or less the same figure, that one can accept it as representing what usually obtains, but this I am sure is untrue. The basis of anxiety in the patient does not disappear simply as the result of repeated blood-pressure readings; in fact they may actually draw attention to this investigation and heighten anxiety. Neither is the anxiety of the patient necessarily related to blood-pressure, the number of psychological factors which may give rise to its elevation is considerable. We should be suspicious of accepting high blood-pressure readings if there is no evidence of cardio-vascular changes commonly associated with hypertension and especially if there are no suggestive symptoms. Clearly, however, one cannot exclude hypertension simply on these grounds because there must be a stage when the only abnormal feature is, in fact, hypertension, and it is just at this labile stage that treatment is most likely to be effective. If we wait for secondary changes to occur, then our chances of success in therapy are correspondingly diminished.

In short it is a diagnosis which in the early stages can be made best by a general practitioner who has the confidence of the patient, and who more or less casually, as it were, notes the blood pressure from time to time when he sees the patient for one or other reason. If he finds then that the diastolic is persistently 100 or more it is fairly safe to conclude that true hypertension exists. The consultant can only get round the difficulty by having a patient under observation in hospital, where if blood-pressure readings are made daily they become so much of the routine that the patient's interest rapidly wanes and the anxiety factor diminishes in consequence.

In practice we are not often consulted for this particular trouble unless there are already obvious signs that the heart has been labouring under strain and that the vessels have been suffering similarly.

Secondary Hypertension.

I refer to coarctation of the aorta, renal diseases, polycythæmia rubra vera, and phæochromocytoma—all of which produce raised blood-pressure. Experiments have shown that ischæmia, or partial ischæmia of the kidney causes the production of renin, which interacts with hypertensinogen to produce a pressor substance, angiotonin, and this substance causes arteriolar contraction, provided that the adrenals are intact. The process of production of high blood-pressure is complicated and we understand only a fraction of it at the present time. In my experience the finding of a unilateral renal lesion, the removal of which will result in cure of the disease, is a rarity, but when it does come off it is highly dramatic. It is the unilateral renal disease in which there is not complete loss of function which offers the best hope of cure from removal of the kidney.

An interesting group of tumours, notably the phæochromocytoma, has been the centre of interest in recent years because it is now realised that although the majority give rise to paroxysmal hypertension with trembling, anxiety, pallor and palpitation, some of them produce the picture of ordinary chronic severe hypertension, and there is nothing symptomatically to indicate their presence. We have now a safe and fairly accurate test for the presence of phæochromocytoma in the determination of the output of pressor amines in the urine, which is normally less than 50 micrograms daily, but with phæochromocytoma may well be over 200, sometimes rising to 3,000 micrograms daily. In a hundred cases of severe hypertension it is likely that one such case will be found.

Primary Hypertension.

We are agreed that this is the result of increased arteriolar tone and no matter what may be thought about the lowest diagnostic diastolic figure, I think we shall all agree that we can accept 110, if persistent, as a clear indication of true hypertension. The systolic figure is usually approximately double that of the diastolic.

The term "benign hypertension" is not a very happy one because it is used merely in contrast to malignant, which is misleading. There is a benign form of hypertension in which lability of the blood-pressure persists for many years and which is compatible with a normal length of life, although there may be changes in the cardio-vascular system, notably enlargement of the heart, pointing to the true hypertensive nature of the disease. But most of the cases we have to treat and, in fact, most of the cases deserving treatment, may be termed severe essential hypertension. Taking these as a group, if untreated the probability is that nearly half of them will be dead within 5 to 10 years—the mortality amongst males being about double that of females, an important point in respect of prognosis. Nearly half of the deaths are due to cardiac disease, some 16 per cent to cerebral hæmorrhage, and about 10 per cent to uræmia.

Malignant hypertension, which may arise suddenly in the young or which may, on the other hand (and frequently does) appear suddenly as a phase in the course of a previously benign severe hypertension, carries with it a prognosis of death within 6 to 10 months, unless adequately treated.

Indications for Treatment.

We should ask ourselves what are the indications for treatment, for there are many who feel that most hypertensives are best left alone. I doubt if this is a correct view now that we have, in fact, valuable hypotensive drugs. Once we are satisfied that true hypertension exists it seems to ~~me~~ clear that we should treat; for the more fixed the blood-pressure becomes, the more difficult it is to prevent the ultimate disasters of this disease.

Investigations.

Now the clinical approach is usually sufficient to give us all the knowledge that we really need in dealing with a hypertensive patient. If we have a middle-aged individual with a family history of high blood-pressure or the accidents arising therefrom, and if we find an elevated blood-pressure, enlargement of the heart, shortness of breath, we need no further information not obtained by the normal examination. It is only when there is some unusual feature that one should indulge in a spate of investigations. It is true that if we have patients in hospital as a matter of interest, and perhaps as value to our records, we do as a routine a great number of specialised searches, but I am considering this matter at the moment more from the point of view of the general practitioner, and of the patient who can ill spare time for procedures which are not essential.

When the disease occurs in the young, and again when it occurs in people who have no family history of high blood-pressure, we should be a little more on our guard: in those cases the renal condition should be investigated in addition to the routine urine examination which, of course, should be done in all cases. I refer to renal function tests and an intravenous pyelogram. It is only in this way that we may pick out from time to time a unilateral lesion.

X-ray of the heart is more of interest in respect of watching progress than of any direct help to the doctor.

An electrocardiogram is more often than not unhelpful in a strictly practical sense.

Paroxysms of high blood-pressure should call for determination of the output of pressor amines, and probably the most severe forms of hypertension, apart from malignant hypertension, should also have this test done in the hope of picking out the occasional case where a tumour is present.

Sedation tests have little value. They do not show whether true hypertension exists because in the first few years of this condition sedation with 3-grs. of amylobarbitone taken hourly for three hours will certainly lower the pressure appreciably, often to normal limits. All it does do is to show the chances of a good result from some of the hypotensive drugs are greater when sedation materially reduces the pressure.

Treatment.

Surgical treatment is now largely a matter of historic interest, although up to a few years ago it proved of great value in the more dangerous cases of hypertension. I have no doubt that it has saved many lives of those suffering from malignant hypertension. The relapse rate in the severe hypertension is high, and the optimistic figures published in certain series were based unquestionably on the treatment of many patients whom we would not accept as being truly hypertensive. There is considerable danger in the sudden and profound lowering of blood-pressure which follows bilateral sympathectomy, and instances have been recorded of cerebral thrombosis, longitudinal sinus thrombosis and coronary thrombosis arising therefrom. Malignant hypertension can now be adequately treated with drugs, and surgery is no longer called for.

Adrenalectomy followed by treatment with cortisone is again a heroic measure, giving I believe indifferent results and in any case no longer necessary.

Medical treatment resolves itself into general measures and specific treatment. In the most benign forms of hypertension, often met with in the obese menopausal woman, reduction of physical activity, rest for an hour after luncheon and sedation with amylobarbitone or phenobarbitone and reduction of weight is often all that is needed to overcome symptoms and, after a few years, the condition may subside. There is no doubt that in the early stages, especially in the post-menopausal woman, hypertension is reversible. Although it is common to claim that obesity and hypertension are intimately linked, it is a fact that by and large the reduction of excessive weight has a very slight effect on the reduction of a raised blood-pressure. The main value of diet in obesity is that by reducing weight it relieves a heart already strained by hypertension.

The rice diet, which is in other words a low sodium diet, is highly effective, but there are very few people who will put up with it for months on end, as is necessary in order to effect control of the disease. The total salt intake has to be cut to something less than ½-gramme daily in order to produce an effect, although a somewhat less drastic reduction of salt may be valuable in respect of heart failure. This low sodium intake is thought to alter the activity of the adrenal cortical hormones which are intimately linked with the mechanism of high blood-pressure production.

I have no personal experience of the use of the kation resins, but it seems clear from reports that they are by no means satisfactory in that they may give rise to considerable potassium deficiency as well as sodium deficiency.

Venesection.

That the withdrawal of a pint of blood often gives remarkable relief to shortness of breath, headache and giddiness is unquestionable, and the benefit may persist for several weeks. This is not due to any appreciable effect on the blood-pressure which is either uninfluenced or falls for a day or two only.

HYPOTENSIVE DRUGS

Veratrum viride. In the first three decades of this century a preparation of veratrum, known as veratrone, was used chiefly in obstetrics to control the high blood-pressure of women suffering from toxæmia of pregnancy. When in general practice, I used this substance for hypertensive patients and published my results in 1928. There is no doubt that it was effective in correcting hypertension, but it was erratic in action and apt to be violent, causing profound fall of blood-pressure and vomiting. Interest was lost in it until a few years ago, when purified active principles, germitrine and germidine, were presented in the form of Veriloid and reported on by Kauntze and Trounce. The outstanding action of Veriloid is the production of bradycardia, vomiting and hypotension. It is thought to act largely on the afferent vagus and directly on the central nervous system. The bradycardia is certainly vagal and is reversible by atropine, but the fall of blood-pressure is in no way related to the bradycardia but it can be corrected by ephedrine. Given by mouth its main action is exerted in 2 to 3 hours and lasts for about 6 hours. It is less likely to cause vomiting if given with food, and still less likely to cause vomiting if combined with phenobarbitone. The scale of dosage is based on 1 milligramme per 10 pounds of body weight, given as a daily dose in three fractions. I think most of us use it perhaps rather less accurately, giving about 3 milligrammes four times a day. It does not produce postural hypotension. Although when it does work it is a great boon because it is so safe, the emetic property is met with so frequently that the drug cannot be strongly recommended. Success is unlikely in more than 20 to 25 per cent of cases.

Thiocyanates. These drugs came back into their own shortly before the methonium compounds appeared and were being used fairly extensively, but with little success. They do produce peripheral vaso-dilatation, the effect coming on rather slowly and possibly being exerted via the adrenals. Be that as it may, it is necessary to watch the blood level closely, otherwise profound hypotension and collapse may occur and the margin between the effective and toxic dose is too narrow to justify its use.

Ergot. The dihydrogenated ergot alkaloids (hydergine) causes some degree of hypotension, probably by blocking adrenergic stimuli. Tolerance is developed quickly and the effect is erratic.

Methonium compounds. These are the first really effective hypotensive drugs discovered, and in the six years they have been available a large amount of experience has been gathered about them. They act as ganglionic blocking agents affecting all ganglia, and doing so probably by competition; that is to say they prevent the action of the normally liberated acetyl-choline without destroying it. Hexamethonium is the best paralysing agent of the automonic ganglia and the bromide is the substance usually employed. There is no longer any place for the oral use of menthonium. It has been shown that the absorption is very erratic and that it varies considerably according to whether or not a meal has been taken before the drug has been consumed, and that at the best nearly 70 per cent is passed out in the fæces. Given intravenously C.6. is passed out in the urine, 30 per cent of the dose in the first hour and some 80 per cent by the fifth hour. Intramuscularly or subcutaneously the output is slightly less, but even then 60 per cent has been eliminated by the fifth hour. Given by this route the duration of action, using say 70 milligrammes, is about 2 to 3 hours. Its point of action explains why it is that it is essentially postural hypotension which takes place, and thus gives rise to unsteadiness and faintness or actual fainting when the dose is at or slightly above effective level. It is noteworthy that when given by mouth the maximum rate of excretion in the urine is found at 2 hours after a dose of 1 gramme, but practically all the drug has left the body in 12 hours and never more than 10 per cent of the dose ingested is recovered from the urine. Most of the rest goes out in the fæces; some is untraceable. The absorption of hexamethonium bromide, by the way, is twice as good as the chloride, bitartrate, or methosulphate. If given before breakfast after a 12-hour fast, the absorption is increased as compared with that after a meal—in fact the difference may be six times. Symptoms, therefore, are more marked from an oral dose given in this way, but the actual rate of absorption as opposed to the amount of absorption is somewhat slower, so that the maximum effect and maximum concentration occurs about 3 to 4 hours after the dose. One other point about oral administration is that owing to the large dose which must be given to produce any effect, something in the nature of a gramme or 2 grammes daily, there is a real danger of bromide accumulation and poisoning—in fact many cases were reported in the early days of the use of this drug. If there should be any impairment of renal function severe poisoning may arise due to accumulation of the methonium. A tolerance which is common to the methonium compounds is again very much in evidence with oral administration.

Pentolinium tartrate or Ansolysen is more active than C.6. and, therefore, a smaller dose can be given, but the uncertainties of oral administration are as great: tolerance is just as marked. This is stressed by the work of Smirk who in advising the use of Ansolysen states that he raises the dose every day, giving 20-milligrammes orally before breakfast and 12 hours later the second dose. 20-milligrammes per dose daily are added until some degree of faintness is felt 1 to 3 hours afterwards. When this effect is lost the dose is increased again. This process may go on for some 3 months, although at longer intervals, up to a total of perhaps 700-milligrammes twice a day. Larger doses may be needed if no other hypotensive, such as reserpine, is used with Ansolysen.

There is a general shift, therefore, to administer methonium compounds by subcutaneous or intramuscular injection, and the patient can be taught to do this. The preliminary trial dose of C.6. should be given of 25-milligrammes and the patient instructed to remain up and about afterwards so as to see whether this produces any faintness. If no symptoms are experidnced, then 50-milligrammes should be given the next day and this will usually cause obvious hypotension, but in some it is necessary to give a somewhat larger dose. In view of tolerance it is common in any case to have to raise the dose ultimately to 75 or 100-milligrammes.

Although the effect of methonium is seen chiefly when the individual is upright, and almost solely so in the normal person, in the hypertensive it does also lower the blood-pressure even when he is lying down. The question is how often ought these injections to be given? Ideally they should clearly be administered at least every 6 hours, but this is not practical—no patient would put up with it. It is seldom possible to achieve more than two injections a day. As the greatest activity is in the daytime and as the upright posture will enhance the action of methonium, the injections should be given on rising and again at about 2 o'clock. This does not give control by any means over the 24 hours, but if it returns the blood-pressure to normal for even only 8 hours in the day it must appreciably reduce the wear and tear on the cardio-vascular system. If the dose is to be effective it should cause some slight dizziness about ½-hour after it is given. An overdose, which is not likely to be seen if the careful gradation is practised, may be alarming in its results, causing complete arrest of intestinal movements, anuria, profound hypotension, unconsciousness—all of which are not easily reversible and which have, in fact, led to death. Intravenous methylamphetamine hydrochloride or dexamphetamine sulphate in doses of 10-milligrammes is perhaps the best antidote, ephedrine comes a poor second, and adrenaline and noradrenaline are contra-indicated.

Apart from the difficulties of arranging intelligent co-operation for this treatment there are certain contra-indications, the most important being appreciable coronary disease, especially with a history of recent coronary thrombosis, or again if there has been a cerebral thrombosis. There are some who would discourage its use in people over 60 years of age, but I doubt if this is sound. Renal failure with raised blood urea is certainly a contra-indication.

Hydralazine (*Apresoline*). This is a substituted hydrazine. It is a most interesting hypotensive drug. Intravenous administration gives rise to a remarkably slow development of depression of the blood-pressure. It starts about 5 to 20 minutes after injection, reaches bottom about 20 to 90 minutes, the effect lasts for about 1½ to 4 hours, and the blood-pressure is normal 4 to 8 hours later. Larger subsequent doses will not increase the fall further. The drug is unique in that it increases renal blood flow, but there is no increase in filtration rate. There is an antagonism between hydralazine and the constrictor effect on plain muscle of barium chloride and pitressin. It acts peripherally, to some extent at any rate, on some unknown mechanism concerned with vaso-constriction which is not mediated through the automonic nerves. It is possible that it antagonises angiotonin. It will dilate denervated vessels. Another important effect is that it may double cardiac output, with tachycardia. It is noteworthy that hexamethonium will prevent this effect. It decreases peripheral vascular resistance, and causes dilatation of the coronary vessels. It potentiates nor-adrenaline, which dilates the coronary vessels, and it antagonises pitressin which constricts the coronary vessels. It would, indeed, seem to be the perfect drug were it not for the fact that it does not always produce hypotension, and, further, the increased cardiac output often outweighs its other advantages. In individuals who already have coronary disease it may precipitate anginal attacks. If the electrocardiogram is already affected by hypertension, hydralazine may, in fact, depress the S.T. segment and cause inversion of the "T" wave, especially in V5, because this increased output makes too great a demand on the coronary flow.

Dose: The intravenous dose is ½-milligramme per kilo of body weight, but this is more for experimental than therapeutic purposes. The test oral dose should be 25-milligrammes, given 8-hourly, and rising by 25-milligrammes per dose every few days, until a hypotensive effect is produced or until signs of toxicity arise. My experience on the whole has been disappointing, but I have not used more than 200-milligrammes four times a day, whereas others state that a good response is usually obtained when 300 or 400-milligrammes four times daily is used. Once again we have the bogy of tolerance, which may be developed very rapidly and may become absolute. On the other hand, in some patients tolerance is developed for a time and then seems to fall off so that a smaller dose can be employed with effect. It is, therefore, a capricious drug and one which is by no means devoid of danger if it is effective as a hypotensive. Much of it disappears in the body with an unknown fate, about 3 per cent appears in the urine, most of the excretion occurring in the first 4 hours.

The toxic effects are considerable—headache, flushing, drowsiness, erythema, œdema, pancytopenia may all occur during treatment. A more recently recognised and far more dangerous effect is some disturbance of the collagen system, closely resembling polyarteritis nodosa. We have anæmia, hæmaturia, enlarged glands, hyperglobulinemia—all this usually ushered in with multiple joint pains and sometimes lupus erythematosus cells are found in the circulating blood. The first sign of joint pains arising under hydralazine is a clear indication to stop the drug at once and probably nothing further will develop. These reactions are not as a rule seen unless large doses have been employed for many months. However, we will have to budget for treatment over many years with our hypotensive drugs and, therefore, we must take into account toxicity far more seriously than we do for drugs employed over a short time for more acute diseases.

There is no doubt that hydralazine is best used in conjunction with other hypotensives. Further experience may prove it too dangerous to use.

Rauwolfia. (Reserpine, Serpasil, Rescinnamine). The shrub, Rauwolfia serpentina, so-called because of the crooked root resembling a snake, has been used in Hindu medicine for a thousand years for insomnia, insanity, dysentery, and various other conditions, but it is only in the last few years that its hypotensive qualities have been recognised. From the root has been isolated already about fifteen crystalline substances, chiefly alkaloids of which reserpine (Serpasil) has attracted the greatest enthusiasm. It has the effects of sedation, bradycardia, miosis, and hypothermia. It increases intestinal activity and output of hydrochloric acid. It reduces the blood-pressure, it causes nasal congestion, unsteadiness and in large doses peculiar restlessness and jerking movements of the limbs and sometimes of the face. It has a central inhibiting action on the sympathetic nervous system, possibly produced by a stimulant action on certain areas of the mesencephalon. It abolishes pressor reflexes purely by central action. It may aggravate asthma, renal and biliary colic, duodenal ulceration and ulcerative colitis because of the reduced opposition to parasympathetic activity. A certain delay in the onset of action, especially in smaller doses, is seen, so that one should not decide on its effectiveness or otherwise under at least three days of treatment. The delay is due to its intracellular action. A dose of 0.25 mg. four times a day in severe hypertension is usually ineffective. 1-mg. four times a day, on the other hand, is usually adequate once hypotension is produced, and increase of dose is not likely to cause a further fall. The aim is to lower the diastolic pressure to 100 or below, and for every fall of 40 *mm. of mercury, systolic, the diastolic is likely to fall from 10 to 20 mm.* Tolerance is not developed. The bradycardia is unrelated to the fall of blood-pressure, and is not always produced. It is difficult to decide why some people seem to be entirely resistant to both the bradycardia effect and the hypotensive effect. I have found that about 1 in 15 shows no benefit even from large doses pushed to the state of toxic reaction.

Combined Treatment. It is, of course, most tempting to combine Serpasil with Apresoline in the hope that the unwanted tachycardia of the latter will be counterbalanced by the bradycardia of the former and this, in fact, may occur. I now use 25-mg. of Apresoline three times a day, and am prepared to raise the dose to double this amount four times daily. Rauwolfia in the form of Serpasil I give first in doses of 0.25 mg. four times or five times a day, and raise to 0.5 mg. five times a day. There is no doubt that the combination of these two drugs will usually produce hypotension with a dosage of each drug below that which is needed if the drug were used alone. It, therefore, seems likely that toxic effects will be less evident on this combined treatment.

Rescinnamine, another alkaloid of the rauwolfia group, Dr. Aylett and I have tested but with no convincing results. It was claimed that it had none of the unwanted toxic effects of reserpine. In doses up to 3-milligrammes a day we found no toxic effect. On the other hand its hypotensive action has been unimpressive.

The effect of suggestion is all important in appraising these drugs, so much so that dummy tablets are used by us in the course of the investigations.

As to the general method, in hospital work we have been in the habit of admitting the patients and observing them, giving no drugs whatsoever for the first week, and only starting hypotensive drugs when the blood pressure has shown over three days a variation on the systolic side of not more than 20 mm. and on the diastolic side of not more than 10 mm. of mercury. When the drug to be tested is given we allow patients greater activity, trying to approxmate as near as possible to their normal physical activity. At a later stage, if the drug appears to be satisfactory, we then send them out and tell them apart from the taking of the hypotensive to lead a normal life and to report at intervals at the Out-Patients Clinic. This is the acid-test: in the last 9 months we have observed with interest that the combination of reserpine and hydralazine is effective in those individuals on whom it was proved to be satisfactory when in the ward. We have noted also that where the blood-pressure is fixed, that is to say where in the week of resting in bed there is no appreciable fall of systolic or diastolic pressure, none of the oral hypotensives is of the slightest value. This group needs methonium treatment, and will usually respond to that. On the other hand it contains many patients with failing renal function and bad prognosis. In short, if once it is decided that drug treatment for hypertension is needful, the right approach is hydralazine and reserpine by mouth, reserving auto-injections of hexamethonium bromide for the resistant and more fixed blood-pressure group.

Improvement in the condition of the heart, the size of the heart, the electrocardiogram and the retinæ has already been seen in patients under treatment, although the most dramatic are confined to malignant hypertension controlled by injections of hexamethonium.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Woman's Place is "On the House"

SIR,—It is now a number of years since the ladies were admitted to Guy's in order to qualify for medical degrees.

Looking at the recent appointments list one is instantly struck by the large number of women who have been successful in obtaining these awards, but when comparing their number with the corresponding list of men it appears to be out of all proportion.

It is obvious that if a woman has the ability to merit a house appointment then she is entitled to one, but surely it is time we realized that whereas a man will work for the rest of his life in his chosen profession, the majority of women doctors will marry and cease to practice within ten years.

A House appointment at a teaching hospital is an honour, and one which will be of assistance to anyone starting in medicine.

However, I feel it is a great pity that so high a percentage of the very limited number of appointments should go to a group of people who in all probability will not require this great asset at the outset of their career.

Perhaps it would be of interest if a follow-up study were carried out of a group of newly qualified women doctors.

Yours, etc.,
A 'GUY'S MAN'.

Guy's Hospital.

Sport in the Gazette

SIR,—In common with many other old Guy's men who like to be kept in touch with the Hospital, and whose only means of doing so is to subscribe to the *Gazette*, I write to emphasize that our interest is very greatly concerned with the doings of the Hospital at games.

Unfortunately the *Gazette* seems to consider that full reports of all games only deserve spasmodic and curtailed details. It seems extraordinary that the only news we get of the Hospital's cricket cup-tie against Mary's is given by Mr Winston in a personal letter. In my student days we were proud to read in the *Gazette* of the various games teams and their doings, and we would like to see these repeated today, for after all, according to figures of *Gazette* subscribers which you have recently given, old Guy's men outnumber by far the students of today, and deserve a little more consideration.

It is not only of the lack of cricket reports that I complain. Last rugby season had no reports after the final against London, and this defect was exaggerated at that time for we had a newspaper strike resulting in no further rugby reports in the press for the remainder of the season. Also there have been no full reports of the Hospital or Inter-Hospital Athletic meetings, nor of the boat club, which should surely merit recognition in your pages.

I have written on this subject before with regard to the rugby reports, but with very little improvement, and I hope that the coming season will receive the attention that it deserves.

Yours, etc.,
H. S. WACHER.
(1910-16)

The Wilderness,
97, St. Stephen's Road,
Canterbury, Kent.

(*We agree with many of Dr. Wacher's remarks. It is a matter of constant concern to us to ensure that all Hospital Sport is reported in the* Gazette. *Unfortunately, however, the clubs concerned are very inconsistent in their provision of accounts of matches. Our pages are at their disposal and every match account is published that is received at this office. We hope that Dr. Wacher's comments will be noted by the sports club secretaries.*—Editor.)

The Dental Ball

SIR,—I understand that the Dance Committee of the Dental Ball are considering having a dinner instead of a buffet at the Ball.

In my opinion a dinner is time-wasting at a function intended for dancing. Let us leave the dining to the Dental Dinner, where it belongs.

I agree with the implication of the Dance Committee that a buffet is dull, but why not replace it with a simple supper (or breakfast) of ham and eggs served during the dancing interval?

No matter how attractive the menu may be, a dinner for 300 to 400 people is usually stereotyped and the food is invariably cold when it is served. Furthermore if we start with a dinner, then we shall have speeches, and very soon we shall have a Dental Ball without any dancing.

Yours, etc.,

A. GIBSON.

393, Streatham High Road,
London, S.W.16.

Practical Procedures and the Student

SIR,—In many respects the education offered in this Hospital on purely Medical grounds compares favourably with other London Hospitals: unfortunately this is not true in all respects. The opportunites offered to the student to gain familiarity with the most essential and elementary techniques are inadequate. The number of students, who, for example, tap a pleural effusion or do a lumbar puncture is very small: such jobs are done here by housemen mainly because they themselves had no opportunity as students. This state is evidently self-perpetuating unless action is taken to establish more desirable circumstances.

Yours, etc.,

W. E. WATSON.

Guy's Hospital,
London, S.E.1.

REVIEW

Student Almoner. By JOSEPHINE KAMM. The Bodley Head. *Price 7s. 6d.*

Very few people have heard of an almoner but still fewer know what an almoner does. If asked they mutter something about 'seeing how much a patient can pay' and when they are reminded of the National Health Service they usually cough and change the subject. This is much to the relief of the person who is supposed to know what they do for even an almoner finds it difficult to say exactly what she does. Josephine Kamm has therefore had a hard task to record the life of two fictitious almoner students. She has however written a most readable story in spite of bringing in all the necessary details about expenses, tribulations and trials involved in the minimum of three years training. She shows how the almoner, as a member of the medical team, is there to help the patient carry out the doctor's advice and to help both the patient and his family to adjust to the illness within the social environment. We hope sincerely that the book will arouse the interest of the teenager for whom it is written so that the total number of almoners eventually meets the increasing and widening demands.

S.A.C.

SPORT

GUY'S HOSPITAL LADIES LAWN TENNIS CLUB

July, 1955

Hilary Allin *Anne John* *Annette Chapman*
Iris Platt *Annette Pountain* *Jennifer Craig*

CRICKET

Mr. Batchelor and Mr. Readings XI v. Mr. Salmon's XI.

On a glorious summer evening at Woldingham Mr. Batchelor and Mr. Reading captained a team of their firms against one led by Mr. Salmon, Mr. Salmon's men being from his own and from Mr. Cann's and Mr. Stamm's firms. Mr. Batchelor won the toss and decided to bat on a rather green wicket. He opened the batting with Mr. Austin Brown against hostile bowling. Payan was banging them down but both batsmen were playing confidently and a cracking cover drive by Mr. Batchelor beat the outfielders for the first boundary of the game. Mr. Austin

Brown hooked a ball and was brilliantly caught by Bendall. However, as it had been arranged that the first five men were to have two lives each this did'nt count. Mr. Briggs came on to bowl his in-swingers and soon dismissed the opening pair. They had put on 25 runs—quite a good start. Bacchus and Tighe were fielding very well and with accurate bowling the batsmen were being pinned down. Wickets began to tumble. Stiles kept an end up but nobody could stay with him for long. Miss Phillips was bowled by a small boy called Mathews. For some time we thought he was a relation of someone on the firm, but later it turned out that he just happened to live locally.

Angeli looked reliable but when Miss Allin joined him, a leg glance was his undoing. Slogger Henderson soon went to Robinson and Mr. Salmon's team were on their toes. However Miss Allin and MacKenzie put their side back in the picture with fifty splendid runs, Miss Allin's innings included one three and several two's. French and Wilson batted with panache, and even distinction, although their knocks did not include any boundaries.

When Griffiths was bowled by Morgan it was thirteen wickets down for 124 and we felt it was not a big enough score for this class of cricket. As Mr. Reading joined stylish MacLaren for the last wicket Mr. Salmon put himself on to bowl. For some minutes both batsmen played his cutters comfortably. There was the pleasant plop as bat middled ball. Suddenly Mr. Salmon beat Mr. Reading with one that was going away and the innings was all over. The team had batted fairly well against some unusual bowling and for long enough to use up at least three quarters of the refreshments.

Mr. Harrison and Mathews opened for Mr. Salmon's team. Runs came quickly and Mr. Harrison was scoring all round the wicket. His lofted cover drives were a joy to behold. Soon the openers had reached thirty each and retired. With Mr. Salmon and Mr. Briggs hitting out the score passed ninety. Something had to be done to check the spate of runs. Mr. Batchelor put French on to bowl down wind. This shrewd cricketer completely cut out the boundaries with a clever over that included fourteen wides. Miss Platt knocked Mr. Brigg's off stump back and had Payan well stumped by MacKenzie. Mr. Salmon attempted a quick single but Mr. Reading was able to see that he wasn't quite home in time. This was a real comeback. However Nicholson and Bendall batted with assurance whilst Holden played some really attractive cricket. In fact he was the only player to master Miss Platt's bowling, having a stance rather well suited to her underarm deliveries. The tail wagged but Mr. Batchelor took a running catch to dismiss Shannon and Miss Platt finished things off by bowling stalwart Morgan with a sneaker that came in. Tighe was undefeated. Miss Phillips and Green had been conspicuous on the field and Mr. Salmon's team had won by twenty six runs. The four onlookers cheered the teams to the pavilion.

We then went to Miss Phillips's home where we had a magnificent alfresco supper. The sun went down and the scent of the roses mingled with that of the borage on our fruit cup. Someone asked a consultant if this was better than the usual firm party in a Borough pub. "More than somewhat", he said. We agreed.

Mr. Batchelor's and Mr. Reading's team

Mr. Batchelor, b. Mr. Briggs	10
Mr. Austin Brown, c. Nicholson, b. Mr. Briggs	14
Miss I. Platt, b. Mr. Briggs	6
P. J. Stiles, b. Robinson	14
Miss H. Phillips, c. and b. Mathews ..	1
I. Green, b. Robinson	6
C. Angeli, c. Mr. Harrison, b. Tighe ..	0
Miss H. Allin, c. Mr. Harrison, b. Mr. Briggs	17
R. Henderson, l.b.w. Robinson	0
M. B. R. MacKenzie, retired	33
P. French, run out	0
P. J. E. Wilson, l.b.w. Morgan	2
P. Griffiths, b. Morgan	1
D. M. MacLaren, not out	0
Mr. Reading, b. Mr. Salmon	0
Extras	20
Total	124

Mr. Salmon's Team

Mathews, retired	30
Mr. Harrison, retired..	31
Mr. Briggs, b. Miss Platt	25
Mr. Salmon, run out	10
R. Bendall, retired	8
P. Payan, st. MacKenzie, b. Miss Platt ..	0
K. T. Nicholson, hit wkt., b. Miss Allin ..	8
C. E. A. Holden, l.b.w. Mr. Austin Brown	8
G. M. Morris, run out	5
J. Morgan, b. Miss Platt	3
R. H. Robinson, st. MacKenzie, b. Mr. Austin-Brown	0
S. Bacchus, run out	1
K. Tighe, not out	2
M. C. Shannon, c. Mr. Batchelor, b. Mr. Austin Brown	1
Extras	18
Total	150

Mr. Salmon's team won by 26 runs.

HOSPITAL INFORMATION

HOUSE APPOINTMENTS

1st September, 1955

Assistant House Surgeons

To:	
Mr. Blackburn	Mr. D. J. Palmer
Mr. Lawrie	Mr. R. E. Farmer

Appointed for 6 *months the first* 3 *as A.H.S.*

Mr. Glover	Mr. J. D. Broome

3 *months*

Mr. Brain	Miss J. W. Baker

Appointed for 6 *months the first* 3 *as A.H.S.*

Assistant House Physicians

To:	
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop	Mr. R. C. Morgan

Appointed for 6 *months the first* 3 *as A.H.P.*

To:	
Dr. Boland, Dr. Baker and Dr. Houston	Mr. R. Palmer

3 *months*

To:	
Dr. Hampson, Dr. Kauntze and Dr. Grant	Mrs. V. P. Houghton

To:	
Dr. Mann, Dr. MacLean and Dr. Campbell	Mr. D. A. Earnshaw

Appointed for 6 *months the first* 3 *as A.H.P.*

Out-Patient Officers

Mr. P. S. Boulter Mr. J. C. Anthony-Davies Mr. J. F. S. Batson Mr. R. K. Knight Mr. A. J. Membrey	3 *months*

House Surgeons

To:		
Mr. Massie	Mr. G. C. W. Baker	*6 months*
Mr. Eckhoff	Mr. D. W. Atkinson	*3 months*
Mr. Atkins	Mr. J. C. Gazet	*6 months*
Mr. Wass	Mr. S. M. Madeloff	*3 months*

House Physicians

To: Dr. Douthwaite, Dr. Hardwick and Dr. Bishop	Mr. J. G. Davies	*6 months*
To: Dr. Boland, Dr. Baker and Dr. Houston	Mr. M. D. A. Vickers	*6 months*
To: Dr. Hampson, Dr. Kauntze and Dr. Grant	Mr. G. S. Rawson	*3 months*
To: Dr. Mann, Dr. MacLean and Dr. Campbell	Mr. G. H. Anderson	*3 months*

Resident Obstetricians

1. 5.55—31.10.55	Mr. J. H. Peters
1. 7.55—31.12.55	Miss J. E. Banbury
1. 9.55—29. 2.56	Miss M. A. Barrie
1.11.55—30. 4.56	Mr. J. D. Ellis

Ophthalmic House Surgeon
(Non-Resident)
Mr. K. S. Mehra (to 17.1.56)

House Surgeons in the Orthopædic Departments of Guy's Hospital and Orpington Hospital
Mr. D. Bradshaw
Mr. J. D. Miller } *3 months*

Throat and Ear House Surgeons

Mr. R. J. R. Moffat	*3 months at Guy's then* *3 months at Orpington*
Mr. J. G. Parkes	*3 months at Orpington*

Dermatological House Physician
Mr. L. J. Bishop (to 24.1.56)

Genito-Urinary House Surgeon
Mr. S. S. Grové *3 months*

Neurological House Physician
Mr. E. Moran *6 months*

House Surgeon to the Thoracic Unit
Mr. E. E. D. Tomlin *3 months*

Children's House Physicians

Mrs. M. D. Pollock	*3 months*
Mrs. G. M. Glendinning	*6 months*

Children's House Surgeon at the Evelina Hospital
Mr. J. G. Masterson

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Miss J. Platnauer	*3 months*
Mrs. E. A. Wilkinson	*6 months*

House Physicians in the York Clinic
Vacant
Vacant } *6 months* (from 1.10.55)

Resident Anæsthetists

20.3.55—19.9.55	Mr. P. G. Dunbar
7.7.55— 6.1.56	Mr. C. Bishop
20.9.55—19.3.56	Miss S. M. Mullally

R.M.Os. in Nuffield House

4.3.55—17.9.55	Mr. P. J. Frost
18.3.55—17.9.55	Mr. E. Moran
18.9.55—17.3.56	Mr. P. F. P. Lansdown
1.9.55—29.2.56	Mr. E. P. W. Tatford

ORPINGTON HOSPITAL

House Physician
Mr. D. Melville Ackery

LEWISHAM HOSPITAL

House Surgeon
Mr. I. D. Hudson

House Physician
Mr. M. Kinsbourne

JOYCE GREEN HOSPITAL

House Surgeons
Vacant
Vacant

APPOINTMENTS

UNIVERSITY OF LONDON

Dr. Roger Warwick, lecturer in anatomy in the University of Manchester, has been appointed to the University chair of anatomy at Guy's Hospital Medical School.

Dr. R. H. Gorrill, senior lecturer in bacteriology at St. Mary's *Hospital Medical School*, has been appointed to the University readership in bacteriology at Guy's Hospital Medical School.

APPOINTMENTS VACANT

GUY'S HOSPITAL MEDICAL SCHOOL,

Applications are invited for the appointment of **Assistant to the Director of the Department of Obstetrics and Gynaecology** (part-time). Salary ranges from £750 to £900 per annum. Duties to commence as soon as possible. Forms of application are obtainable from and should be lodged with the Dean, Guy's Hospital, S.E.1, not later than the **14th September, 1955.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the appointment of **Part-time Registrar** in the Department of Conservative Dental Surgery to attend on 3 sessions per week. Duties to commence as soon as possible after the 1st October, 1955.

The post will be subject to the Terms and *Conditions of Service of Hospital Medical* and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 16th September, 1955.**

HONOUR

SOCIETY OF APOTHECARIES OF LONDON

On Tuesday, 19th July, at a Soirée of the Society of Apothecaries the Gold Medal for Medical Therapeutics was presented by the Master, Sir Cecil Wakeley, to Sir Russell Brock for his distinguished work on the surgery of the heart.

LECTURE

MIDDLESEX COUNTY MEDICAL SOCIETY

Dr. T. Rowland Hill will give the John Tate lecture on Wednesday, 14th September, at 5.30 p.m., in the Middlesex Guildhall, London, S.W.1. He is to speak on *The National Health Service and its problems—Lessons Learned since 1948.* All doctors are invited.

UNIVERSITY OF LONDON

Recognition of Teachers

Full Recognition

R. H. F. Brain, F.R.C.S., as a Teacher of Surgery at Guy's Hospital Medical School.

A. T. Fripp, F.R.C.S., as a Teacher of Orthopædics at the Institute of Orthopædics.

F. Harwood Stevenson, M.D., as a Teacher of Medicine at the Institute of Orthopædics.

PASS LIST

UNIVERSITY OF LONDON

M.D.

July, 1955

Part I

S. S. Epstein
L. C. Kreeger
E. J. Rolls
K. G. Wormsley
P. A. Zorab

B.Sc. Physiology

Second Class Honours (Upper Division)

J. B. St. C. Cumberbatch

SOCIETY OF APOTHECARIES OF LONDON

D.I.H.

C. V. Harries

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager *Gazette* Office, 6 St. Thomas' St., S.E.1.

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskervilles 1s. Reprints available from *Gazette* Office.

Required

DENTAL ASSISTANT—Southern Rhodesia—required by busy conservative practice—with view to partnership. Applicant must be competant Dental Anæsthetist. For further information send details of professional qualifications, age, marital status, etc., to WHAITES, P.O. Box 89, Salisbury, Southern Rhodesia.

ASSISTANT required with view to partnership in high class dental practice near South coast. Private, National Health work and a large amount of orthodontics done. Box No. 112, *Gazette* Office.

PART-TIME Radiographer (female), 5-6 sessions per week at St. Marylebone Chest Clinic from 26th September. Sessional fee of £1 1*s*. Occasional locum sessions also required. Apply Secretary, St. Marylebone Chest Clinic, Tel.: WELbeck 7766 Ext. 98.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Armin, J. and Grant, R. T. Vasoconstrictor Activity in the Rabbit's Blood and Plasma. *J. Physiol.*, 1955, **128**, 511.

Batty Shaw, A. Agranulocytosis from Carbimazole. *Brit. med. J.*, 1955, ii, 246.

Bishop, P. M. F. Cortisone: Its Present Status as a Therapeutic Agent. *Medical Annual*, 1955, p.103.

Blackburn, Guy. Ruptured Viscera: Diagnosis and Treatment. *Med. Pr.*, 1955, **234**, 155.

Bradley, W. H. Contributions to the *Medical Annual*, 1955, Cholera, p.96: Combined Immunization, p.191: Perinatal Mortality, p.228: Poliomyelitis: Prophylaxis, p.320: World Health Organization, p.466.

Campbell, A. M. G. Calcium Versenate in Motor-neurone Disease. *Lancet*, 1955, ii, 376.

Campbell, Maurice. Morbus Caeruleus: The Selection of Cases for Surgical Treatment. *Medical Annual*, 1955, p.234.

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CHANGES OF ADDRESS

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GUY'S HOSPITAL GAZETTE

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PASSIM

The Bell Tolls for Breakfast

ONCE upon a time, our ancestors were mighty men at their tables and 'trencherman' was a term of respect. Their days started with breakfasts which sound to us like whole-day diets for the relief of cachexia. Then, in more rested and settled times, the Scot marched round his dining room armed with a deep bowl of porridge while the *Scotsman* or *Glasgow Herald* rested sedately against a stone jar of Dundee marmalade. The morning walk completed, the empty bowl was put down and serious battle with a squad of Stornoway Kippers or Findon Haddies was allowed to start. Bacon and eggs, hot baps and new-made oatcakes were washed down by strong coffee from breakfast cups that held all of a pint. Thus the Scotsman dealt with his fast, breaking it with relish.

The wealthy Englishman of the eighteenth century would have scorned this humble snack. For him, breakfast was not a mere preliminary to the day. It was symphony not overture and in solemn style it was the duty of the time to deal with such provender as steaks, venison and sides of beef diluted, though kept company, by small beer and, we are told, witty conversation.

It seems probable that, as the eighteenth century passed and the nineteenth steamed in, the Engishman's appetite began to fail. This was possibly due to the increasingly popular habit of reading at meals. *The Times*, propped against the coffee pot, served to distract its reader from the noble pastime of breakfasting to the worries of the outer world which lurked outside the front door. It may well be that this change came at about the same time as the invention of peptic ulceration.

These days of stately and gargantuan breakfasting seem very long gone. Our ancesters would surely have been appalled to know of the damage that their cardiovascular systems suffered as a result of these morning orgies. The lipæmia following a Georgian breakfast should have been enough to promote atherosclerosis of a degree unimaginable to this toast-and-tea-and-run-for-the-8.15 generation.

Perhaps the monks of the Irish monastery which sheltered Dean Swift for a night in 1729 already knew of what we might call the fat foods—perished pipes syndrome. For when they saw the dean eating his bacon and eggs on a Friday morning, they thought of his paunchy frame and claudicating legs and gave grace thus:-

"*From bacon and eggs and rotten legs, good Lord deliver us*"

Recent writers such as Morrison (*Ann. Int. Med.* 37.1172.1952) and Gertler, Garn and White (*Circulation* 2: 696.1950) have produced evidence which must make us wonder whether our ancestors were anticipating the sextons's work with their teeth.

Were the monks right after all? Should our fried breakfast (a last reminder of more leisurely times) be abandoned in the interests of our serum cholesterol?

We record with regret the death of Mr. W. J. R. Calvert who was Senior Lecturer in the Physics Department of the Medical School, Guy's Hospital from 1945 to 1951. An obituary notice will appear in one of our next issues.

Mr. Barber, the Assistant to the Superintendent, left Guy's this week for Ceylon. He has been given leave of absence by the Board of Governors in order to allow him to give advice on hospital administration in Colombo. He will be away for some six months and, although his cheerful presence will be missed, we shall know that Guy's has sent a most worthy administrative ambassador.

The photograph of the Ladies' Tennis team in our last issue was taken by Mr. L. V. Hughes of the Photographic Department. We apologize for our oversight in omitting to give him credit in our last issue.

The porter's lodge in the College has its new lino at last. Its delicate shade of blue clashes most harmoniously with the green background of the rest of the room.

GUY'S DIARY

SEPTEMBER			Exhibition. Department of Surgery. *Fracture of the Spine.*
19th	M	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Surgery of Constrictive Pericarditis.*
20th	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *Foreign Bodies.*
22nd	Th	1.00	Dr. Christopher Hardwick. Clinical Lecture. *Disseminated Lupus Erythematosus.*
23rd	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Arteriosclerosis.*
24th	S	10.00	Clinical-Pathological Meeting. Clinical Theatre.
24th			Rugby 1st XV *v.* Blackheath (H.O.P.).
30th	F	12.00	Dr. Harry Sicher. (Loyola University School of Dentistry). *Problems of Pain in Dentistry.* Anatomical Theatre.
OCTOBER			
1st	S		Rugby 1st XV *v.* United Services, Portsmouth. (Portsmouth).
2nd	Sun	11.00	Harvest Thanksgiving Service. Guy's Chapel.

Thirty Years Ago

From Guy's Hospital Gazette, 12th September, 1925.

The New Department for Treatment of Veneral Diseases.

The Department for the treatment of Veneral Diseases, which was re-organised and considerably enlarged in the early part of last year, has recently completed its first year's work under the new conditions.

During the period August, 1924, to July, 1925, the Department has been operating as a whole-time clinic, having been open on weekdays from 9 a.m. to 8 p.m. and from 10.0 a.m. to 12 noon on bank holidays.

The number of patients attended to during this period of twelve months may be seen from the following figures:—

	Attendances	New Cases
Male	16,819	838
Female	13,264	536
Total	30,083	1,374

V. E. LLOYD.

Note:— Dr. Lloyd has kindly provided the following comparable figures for the year 1954:—

	Attendances	New Cases
Male	4,560	786
Female	1,410	191
Total	5,970	977

The new cases were made up as follows:—

	1925		**1954**	
	Male	*Female*	*Male*	*Female*
Syphylis	267 (31%)	203 (36%)	28 (4%)	19 (10%)
Gonorrhoea... ...	380 (44%)	229 (40%)	179 (22%)	33 (17%)
Other conditions ...	220 (25%)	143 (24%)	271 (34%)	113 (59%)
Conditions not requiring treatment			308 (40%)	26 (14%)
Total	867 (100%)	575 (100%)	786 (100%)	191 (100%)

Sixty Years Ago

From Guy's Hospital Gazette, 14th September, 1895.

The Future of Guy's

For Metropolitan Hospitals to be in want of funds to carry on their never-ending, ever-increasing, and often thankless labours, has become such a matter of course, that it would be absurdly sanguine to assume that any appeal, however strong or necessary, will hold the public attention. But while this is the case with the outside world, we cherish the belief that any voice from Guy's Hospital is listened to by Guy's men throughout the world; and we cannot doubt but that the Report of the Hospital and the appeal for financial aid which was published in our last issue, has received the earnest and sympathetic attention of the readers of this journal. The plain facts are too painfully eloquent to need embellishment. Agricultural depression means ruin to Guy's Hospital unless some twenty thousand pounds per annum are forthcoming from fresh sources to supply the deficiency in income. The case is peculiarly hard, because until recent years we have been so happily independent of public support, that we have never learnt to beg, and, therefore, the benevolent have never been educated to give to this Institution, so that it will be difficult work to impress the public imagination with our necessitous condition, or, on their merits, the irresistible claims which Guy's Hospital has upon those on whom health or wealth places responsibilities. Still, the task has to be accomplished unless the greatest centre for the relief of human suffering, the truest citadel of social order in South-East London is to be reduced to a shadow of its former self, and one of the foremost medical schools in the world involved in the catastrophe. For such a waste to occur would be worse than a mistake—it would be a crime. We can but trust that the general good sense of the community will declare that Guy's Hospital must be conserved, not only for the reason that it will be cheaper to do this than to establish the new institutions which public safety would demand to supply its place, but because an atmosphere of scientific learning and teaching power, the growth of long years of accumulated experience, once dispersed, can no more be restored at will than the lawn of an Oxford College be obtained from a single sowing of grass-seed.

OBITUARY

MRS. ELIZABETH NORMAN, M.A.

Guy's, like a sorceress, can sometimes cast a spell of love. Throughout the hierarchy of this great hospital are to be found men and women who have infused their work with a personal loyalty, devotion, and enthusiasm, which nothing purely material could inspire.

An outstanding example was Mrs. Elizabeth Norman, who was Senior Clinical Psychologist to the Department of Psychological Medicine, and particularly to the Child Guidance Clinic, for almost twenty-five years from 1931 until her untimely death on August 21st, 1955, at the age of 55.

Mrs. Norman came to Guy's when Dr. Gillespie had succeeded in laying the earliest foundations of the present Department of Psychological Medicine; she helped him build the Child Guidance Clinic, the first of its kind to be run from an undergraduate teaching hospital in the United Kingdom. Without desire for personal recognition or hope of material reward, she laboured there with consistent brilliance and staunchly affectionate good humour, becoming the veteran and cornerstone of one of the originally most obscure, but ultimately deservedly famed, branches of Guy's Out-Patient work. Her own academic background was exceptional; from an Honours B.A. in Psychology at Bedford College, she proceeded to two years with Professor Wolters in the Psychology Department at Reading University, where in 1929 she obtained her M.A. with a thesis based upon her own observations of her daughter's speech development. She trained in Clinical Psychology with special reference to Children, at the Canonbury Clinic, in 1930-31.

She brought to Guy's not simply energy, resource, and outstanding ability, but beyond these, fearlessness, imagination, and unswerving loyalty to the Department and the Hospital, which she served with an exquisite and impressive blend of patience and tenacity.

Limitations of space and equipment meant little to her ; although she could respond with ebullient enthusiasm and delight to the long-awaited redecoration of Snowsfields, with a built-in blackboard for her child patients in her room. But indifference to the needs of her subject, or of patients dependent upon the team of which she was so gifted and beloved a member, moved her to splendid indignation. She detested triteness and second-rateness, was gloriously independent of jargon, and yet could be endlessly tolerant of frailties in others which she would have despised in herself. She was a gifted teacher, and an acknowledged expert in her field, to whom psychology students came regularly to Guy's to serve an invaluable apprenticeship. She was particularly interested in schizophrenia, that most personal of all individual afflictions, and most of all in mitigating its isolating effect upon children and adolescents. Her published work in this subject is of classical merit, and has yet to be completed.

When suddenly illness and death came to her, on the eve of an expansion of her work in co-operation with the Paediatric Department, she trusted herself completely to Guy's, and to her family. When, at her own simple and characteristically fearless request, she learned from her husband and daughter that she was dying, she thought of her patients, singling out one or two by name for a personal message: ". . . just give them my blessing . . .; " and remembered too her colleagues and her Hospital. A letter written to us at that time, and delivered after her death, included these words:

" I am writing to you because I want you to go ahead in making an appointment at Guy's. Guy's has meant a lot to me, and specially in the last weeks I've come to love it as never before. May I just send my love to all the people I know and have known there?

I've had a wonderful life and in a way that makes it not hard to die.

My love to all of you."

For our part, we shall remember her always, and be grateful. D.S-C.

LAWSON TAIT

FATHER OF ABDOMINAL SURGERY

A Clinical Lecture given at Guy's Hospital Medical School on 23rd May, 1955.

By J. S. TOMKINSON, M.B., Ch.B., F.R.C.S., M.R.C.O.G.

LADIES AND GENTLEMEN,—For several reasons I thought it would be worth while to talk about Lawson Tait. He was one of the most forceful and dynamic characters of the last three decades of the last century, a time crowded with outstanding surgical personalities. He was a pioneer in many abdominal procedures, some of general surgical interest, but mostly of gynæcological concern. We who practice abdominal and pelvic surgery are reaping the harvest and are under great obligation to those who have gone before, of whom Tait was one of the most important.

He has been called "the father of abdominal surgery" by William Mayo and "that great pioneer in our art" by Howard Kelly. Joseph Price said of Tait "In pelvic surgery Tait stood first, and taught us the best we know. He has had no very close second; his disciples have not greatly improved on his ways". And Jordon Lloyd, in 1911, "As a surgeon he was a genius; justice has not been done to him, and possibly never will be, for the part he took in that development of abdominal surgery which occurred in the last quarter of the nineteenth century". The first three who are quoted were Americans.

Another reason for my lecturing on Tait is to pay homage in some degree to the place where I learnt my surgery and gynæcology, for Tait founded gynæcology in Birmingham and was appointed as their first Professor of Gynæcology. Yet in that city of great wealth there is no memorial to him in the shape of a lectureship or scholarship, and no reminder of his name in the hospitals or medical school. My last reason is to recall something of the progress made in surgery as a whole during the last half of the nineteenth century.

Now the two great discoveries made during that time were the use of anæsthesia and the adoption of antiseptic and then aseptic techniques in surgery. Yet these advances were not accepted readily, and conservatism delayed their reception. It is significant that Syme, who died in 1870, and who taught Tait at Edinburgh, was all his life an opponent of abdominal surgery, because of the heavy mortality associated with it. In 1867 Lister gave his lecture *On a new method of treating compound fractures, abscesses, etc.*, and henceforth the surgical horizon was unlimited, cavity after cavity being opened with increasing confidence and success. Tait, as a medical student, saw anæsthesia in use, but not the antiseptic régime. The latter he at first used after qualifying, then found that by being scrupulously clean in his operating routine he could get results as good as by the use of carbolic sprays, lotions, and dressings, and thus became one of the leaders in aseptic surgery.

Throughout his life Tait was involved in disputes of varying degrees of importance—involving his private life as well as his professional career. Even concerning his birth there was rumour and legend. He was born on 1st May, 1845, in Edinburgh, the second son of Archibald Campbell Tait and Isabella Stewart Lawson, and was called Robert Lawson Tait. A recent search to find an official record of Tait's birth has been unsuccessful, but the compulsory registration of births in Scotland was not until 1855. The legend concerning Tait's parentage came about partly because of his likeness to Sir James Young Simpson, and it was the general opinion for a time that Tait was the natural son of Simpson. Tait's appearance has been described as that of a short, stout man, with a magnificent head, thick bull neck, corpulent body, podgy legs, small hands and feet. He took a size 8 in hats. His mouth was small and finely shaped, with a firm chin. He was said to have had the body of Bacchus and the head of Jove. Simpson was sketched as being of medium stature, with an enormous head, short thick neck, well shaped mouth and broad shoulders. Also in support of the parentage myth was the fact that Tait acted as Simpson's assistant and lived with him as a student. It is quite likely that Tait's love of the dramatic fostered the rumour. Francis Brett Young in his book *Dr. Bradley Remembers*, a story of Midland medical life at this time during the last century, calls the gynæcologist in the book Simpson Lyle, being a play on the words Tate and Lyle and recalling the connection between Tait and Simpson.

Tait entered Edinburgh University at the age of 15, reading Arts for one year, then medicine, and qualified in 1866 with the L.R.C.S., L.R.C.P.(Edin.). It is not known why he did not qualify with the University degree. He was greatly influenced by the surgical teachings of Syme, then considered the safest surgeon of his time, because of his dexterity and because he was a clean surgeon by habit and not from any knowledge of the cause of infection. Syme was said to be always washing his hands. In spite of his surgical success, Syme was prejudiced against abdominal surgery; and Tait left Edinburgh imbued with the idea, as he says, "not to deliberately open the abdomen".

In 1867, Tait became house surgeon at the Wakefield Hospital, in Yorkshire. He was there for 3 years. It was a period of great activity, for he apparently had a free hand to operate as he wished. In parenthesis, it should be mentioned that Tait was active outside the hospital, for he met his future wife in Wakefield, and married her early in 1871. The townspeople held him in great respect for it was rumoured that he had taken out a heart, repaired it, and put it back. In 1868 he had diverged so far from his master's teaching that in July of that year, he performed his first ovariotomy, shortly after his 23rd birthday, and did four more before he left Wakefield in 1870. It will be valuable to pause here to consider the hazards of laparotomy at this time. The abdomen was opened for two conditions, for the relief of strangulated hernia, and for the removal of ovarian cysts. The latter could reach a tremendous size, so that in extreme cases the patient became an appendage to the cyst. After one such case, Tait was complimented on successfully peeling the patient off the cyst. Tait had seen 30 ovariotomies performed in Edinburgh, without a single recovery. His first case died, but his next 8 lived, as he recorded in 1872. Other comparable figures, for cases up to 1866, were given by Braxton Hicks at Guy's, reporting 21 deaths in 44 cases; Spencer Wells at the Samaritan Hospital recorded the most successful large series, with a mortality of only 27 per cent. in 200 cases, reported in 1871. When he retired in 1877 his mortality in 408 cases was 24 per cent. His mortality fell from 36 per cent. to 20 per cent. from 1851 to 1877.

In September, 1870 Tait settled in Birmingham, at first in general practice. After a few months at the age of 26 he gave this up and started as a consultant surgeon without a hospital appointment. He passed the Edinburgh Fellowship in 1870. To help his financial position, and to get known locally he lectured at the Midland Institute to the ladies' class in physiology, and wrote leading articles for the Birmingham Morning News. Later in life he said that "the ladies' class gave him his first important lift in life, for all the members helped him."

But he felt acutely the lack of hospital facilities and so set about founding a special hospital for diseases of women. Although this was considered a good idea, there was local opposition to Lawson Tait being on the staff. The English Fellowship was deemed to be necessary and this Tait did not possess. However he started to read for it, passed the examination on 8th June, 1871, being appointed to the staff of the newly founded hospital in July of that year. Remember he had arrived in Birmingham during the previous September; so that in less than a year he had moved to Birmingham, started and given up general practice, set up as a consultant hoping to specialize in gynæcology, married, passed the English fellowship, and founded a hospital. But this is the man of whom the *British Medical Journal* said in his obituary notice—that he displayed a want of respect for age and authority remarkable even in Birmingham!

He was the first to remove an ovary which was the seat of a chronic abscess, probably a tubo-ovarian abscess; this occurred in 1872. This was a tremendous step forward, for it was, and still is, more technically difficult to remove an ovary surrounded by adhesions, with a poorer prognosis then and now because of the risk of spreading peritonitis. The same year he operated and removed both ovaries for the cure of uterine hæmorrhage caused by fibroids.

In 1873 he won the Hastings Gold Medal of the British Medical Association for his essay *The Pathology and Treatment of Ovarian Disease.*

In 1875 he formulated a proposal "quite new in the department of surgery to the effect that we were entitled to open the abdomen in all cases where there was disease present which threatened life or made it a burden, for the purpose of seeing in which direction the diagnosis could be made more certain and how the line of effectual treatment could be opened up". In other words, he was advocating laparotomy for the purpose of diagnosis. He condensed this statement into a law, which he expressed in the edition of his book *Diseases of the Ovaries* dedicated to Marion Sims, as "I venture to lay down a surgical law that in every case of disease in the abdomen or pelvis, in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made". As William Mayo said, "he carried the sense of sight into the abdominal cavity".

He continued to operate more and more successfully. His mortality for his first 50 ovariotomies was 38 per cent., for the second 50 only 6 per cent., and eventually in 1886 he published a series of 137 consecutive ovariotomies without a single death. This progress brought him many enemies. The accepted method of dealing with the stump of the ovarian pedicle after removing the cyst was to bring it out of the wound and to crush it with a clamp (Spencer Wells) or it might be treated with cautery (Baker Brown). Tait used the first method for his first 50 cases, afterwards he tied the pedicle with boiled silk and dropped it back into the abdomen. This caused great antagonism between Spencer Wells and Tait.

At first he followed the principles of Listerism, but gave these up in favour of an aseptic rather than an antiseptic technique. By 1880, Tait's methods were as follows:—

(1) scrupulous soap and water cleansing of his hands (gloves were not worn).

(2) patient's abdomen cleansed with soap and water, and sometimes turpentine.

(3) boiling water poured on instruments, and silk ligatures.

(4) careful cleansing of his sponges with repeated washings with soda, followed by soaking in carbolic lotion, at first by his wife, later by his matron.

(5) dry dressings for the wound.

(6) absolute silence whilst operating.

Tait had no operating theatre, for the operations were done in the patient's room, with a fire burning, stripped of all but essential furniture. The patient was anæsthetized in bed, the operating table and instruments being moved in when she was unconscious. The floor of the room was made like a ship's deck, being caulked, so that gallons of water could be, and were, used for washing out in septic cases.

Due to his success in operating on diseased ovaries, the procedure in this country and in America became known as Tait's operation.

After the ovaries, he became interested in the Fallopian tubes, and through him it was realized by surgeons and pathologists that salpingitis and its complications had been overlooked as clinical entities. Sir Spencer Wells did not believe that the condition was common as Tait suggested, even after Wells had performed 1,000 abdominal sections, saying "he never saw these cases, he supposed they all went to Birmingham". In reply to this sneer, Tait demonstrated his specimens at medical meetings all over the country, taking a dozen or so round with him. In 1887 he took 58 specimens with him to London, all of chronic inflammatory disease of the appendages and all having been removed by him in the previous year.

It is interesting to notice the status of gynæcology at Guy's at this time. In 1874 Alfred Galabin was appointed Assistant Obstetric Physician; he had expected a consultant appointment as a physician but the vacancy occurred in obstetrics and his application was successful. From his obituary notice in 1913, one learns that at the time of his appointment the post of obstetric physician was limited to the operations of labour, whilst ovariotomy was performed by surgeons. But the obstetric physicians began to extend their field of activity to include the uterine appendages and further into the abdomen, and claimed the title of gynæcologists. At Guy's it was, at first, objected that obstetricians were not trained surgeons, but permission was eventually given to perform the operation of ovariotomy. This later led to the appointment of obstetricians with a surgical training. The first edition of Galabin's book *The Students' Guide to the Diseases of Women* appeared in 1879. In this he mentioned that the mortality for ovariotomy in general hospitals was not less than 50 per cent., Spencer Wells clamp was illustrated, and the carbolic spray was found to be necessary. In the fifth edition in 1893, no mortality figures for ovariotomy were stated, indeed ovariotomy during pregnancy was mentioned; the carbolic spray was not necessary, but aseptic precautions were taken.

It is in connection with ectopic pregnancies that Tait's claim to fame will stand. He was the first surgeon deliberately to open the abdominal cavity to place a ligature on the bleeding vessels. Others had suggested this procedure, but Tait was the first to carry it out. This is the story in his own words of the case that led him to operate subsequently. "In the summer of 1881, I was asked by Mr. Hallwright to see with him in consultation a patient who had arrived by train from London in a condition of serious illness, that illness having been diagnosed by Mr. Hallwright as probably hæmorrhage into the peritoneal cavity from a ruptured tubal pregnancy . . . This gentleman made the bold suggestion that I should open the abdomen and remove the ruptured tube. The suggestion staggered me, and I am ashamed to say that I did not receive it favourably. A post mortem examination revealed the perfect accuracy of the diagnosis. I carefully injected the specimen which was removed and I found that if I had tied the broad ligament and removed the ruptured tube I should have completely arrested the hæmorrhage, and I now believe that had I done this the patient's life would have been saved."

On 13th January, 1883, Dr. Sparkman of Wolverhampton had a similar case. She was in extremis, Tait operated although she was clearly dying; he said "we got her to bed alive and that is all that can be said". Three months later he was called to another case. The broad ligament and the ruptured tube were ligated, the patient surviving. This was the first successful case on record. During the next 5 years he operated on 40 other cases of ectopic pregnancy with only one death, a remarkable achievement for the days before intravenous transfusion. It is worthwhile mentioning that Tait insisted on the use of the term ectopic gestation, instead of extra-uterine pregnancy or gestation, or tubal pregnancy, so that interstitial pregnancies might be included in the description.

In 1879 Tait performed the first successful cholecystotomy in Europe, and the second in the world. He also successfully operated for liver cysts by hepatotomy. In 1884, at the age of 39, he was able to publish a paper on his first 1,000 abdominal sections. He visited North America, and his visit led to a great development of abdominal surgery in that continent. He made such a reputation for himself that Americans flocked over in numbers so great that he would only accept them as pupils for 6 months at a fee of 100 guineas each.

During the late 1880's and early 1890's he was tremendously active, operating and attending meetings all over the country, writing numerous articles, being President of the Medical Institute, of the Gynæcology Society, and Medical Defence Union. The latter had been recently founded to help medical men in legal difficulties; and Tait, always enjoying a legal argument, was a suitable man to be its first President. In 1887 he stood for parliament as a Liberal and was defeated.

At the end of 1892 he was offered a baronetcy, but declined the honour. About this time, early in 1893, Tait was involved in a libel action, and on top of this a nurse accused him of being the father of her child. This he denied, but the two unfortunate accusations so damaged his reputation that his practice suffered and declined. He lost heavily financially and had to sell many of his possessions, such as the country house in the New Forest he had bought for £40,000, his houseboat and steam launch on the Severn, his yacht on the Solent. It was at the New Forest house that he had planted a prickly shrub (called Butcher's Broom) which was to be put over his grave.

Of course Tait was not always right in his ideas and statements. He was dogmatic and dictatorial and so made enemies who were only too ready to pounce on him as he was falling from grace. He was an anti-vivisectionist, and an ardent opponent of Lister's principles. He believed that germs produced putrefaction on dead tissue outside the body, but believed that they did not act in the same way in living tissues, and he did not believe that they caused inflammation in the body; he believed in fact that germs might be the result rather than the cause. But Tait was working towards asepsis with his insistence on cleanliness and boiling instruments, even though his reasoning was wrong.

Tait's last publication concerned the bedstead. He had previously written about *Bedroom ventilation*—"had I patented the suggestions in that paper, I had now been more than a millionaire, but I do not regret that I gave my plans free to the public as I now give my notions on bedroom management". The design of the hospital bedstead now in almost universal use is Tait's, the most important feature being the prevention of sagging; he wrote "I have completely cured sagging by throwing the top and bottom rails of the mattress frame into a widely opened arch, so that when unoccupied the whole wire-mattress is slightly arched upwards from side to side and when occupied by an average weight the mesh is exactly flat. Turning from side to side in such a bed is a matter of ease for even the feeblest, and the inevitable turning on the back is entirely prevented."

Lawson Tait died on 13th June, 1899, at the early age of 54. He had suffered from trouble of the urinary tract before, and had a urethral calculus removed. It was typical of him that he made a bad patient. He went black under the anæsthetic and nearly died. He was supposed to stay in bed, but next day was sitting by the fire, "with a Tam o'Shanter on his head, a big cigar in his mouth, and a pint of Champagne at his elbow". But this was sometime before his death. The death certificate stated "Nephritis. Uræmia 10 days". On the day he died his usual doctor was away, and the young locum was worried about his responsibility and asked Tait if he would like another opinion. Tait said "No", and looked at the cigar he was smoking, "I am smoking a very good Lavanaga, and the last I shall ever smoke." He died that afternoon. Mrs. Tait died in 1909. They were a childless couple. On the cross over their joint grave was inscribed "She hath done what she could".

He could not have been an easy man to live with. He had a raging temper. Once when he became furious with a telephone operator he pulled the instrument from the wall and jumped on it. He was said to be an able speaker, ready in retort, quick to see his opponent's weaknesses in argument, clever in concealing his own. He hated cowards and liked people to stand up to him. Once, he rang for a nurse several times, and no one responded, went to the nurses sitting room and found a new nurse there. He roared "Where the devil have the nurses got to"? She replied "I am damned if I know, Sir" in a calm voice. This pleased him.

He was passionately fond of animals and had many cats. He abominated all blood sports but enjoyed fishing. He was brought up as a Roman Catholic, but in later life did not accept its doctrines. He enjoyed the good things of life, good food, strong cigars, good wines; he entertained lavishly, and was very fond of the theatre. He was both mean and generous; he educated a doctor's page boy and paid all the fees for his medical career. But he tore off the blank pages of letters he received and stacked them in a pile on his desk, and woe betide anyone who used his stamped notepaper for odd note making. He wore a lounge suit and soft hat, unusual in those days. But he insisted on his assistant wearing a frock coat and silk hat. His writing was nearly illegible. Once he sent his wife a telegram which was delivered to her signed as from "Damson Tart".

I have spoken to you of the man who made female pelvic surgery safe and who raised it to the status of a specialty. One's idea of a pioneer is that of a courageous being, not afraid to punch hard and to speak fiercely and Tait exactly fits this description. But just as explorers are prone to make enemies of those they defeat by superior methods, so Tait did and in consequence his work is more appreciated abroad than at home.

I have used the following publications freely in compiling this lecture; they have made it an instructive and amusing endeavour.

(1) McKay, W. J. Stewart. (1922). *Lawson Tait. His Life and Work.* Baillière, Tindall and Cox.

(2) Martin, Christopher. (1931). Birmingham Medical Review, 6.

(3) Barling, Seymour. Brit. Journ. Surgery, XXXIII, No. 129.

(4) Flack, I. Harvey. The Thomas Vicary Lecture. 1948. Annals Royal College Surgeons, England.

PIECE IN OUR TIME

By "DAMOCLES"

LADIES AND GENTLEMEN,—The clinical lecture is a sort of safety-valve giving distinguished members of the staff an opportunity to ride their favourite hobby horses for a whole hour without let or hindrance. This curious time (1-2 p.m.) is chosen for two reasons:—

1. The lecturer is likely to be in a reasonably quiescent state.
2. A minimum of students will be present.

I do not intend to be long. We have to deal today with a problem in human relationships. As far as you my audience are concerned this consists largely of understanding the nurse. I shall therefore attempt in the brief moments remaining to me (about 59½ minutes) to deal, I am sure quite inadequately, with this vast problem, starting with a specific instance.

Frederick George Curtail had hardly entered the ward before noticing a little nurse in a charming black belt. By a persistent Cheshire-cat-act he ultimately won a wan smile. Two days later he met her in the colonnade giggling with two housemen and F.G.C. suddenly felt uncomfortably like a fool.

You will appreciate that any realistic approach to the problem of the nurse-student relationship requires a clear grasp of the principles of classification involved. Now there are several classifications of nurses in common use. There is for instance that adopted by F.G.C's. mother:—

(i.) Nice nurses.

(ii.) Not very nice nurses, Fred.

This was rather confusing because he found that exactly the same terms were employed by medical students but with a very different connotation. (The use of identical terms by different authorities to convey precisely opposite meanings will be extremely familiar to any student of medical science.)

It is generally conceded, however, that nurses, like other beasts of prey, are best classified on the basis of external features. We refer, not to any vague gradation of mystical qualities, but to that system of stripes and markings with which Providence has so graciously endowed the nurse.

PHYLUM: *IAMBUSYCANTYOUSEE* (A subdivision of the order *Primates* which also comprises Archbishops, monkeys and medical students). The members of this particular phylum tend to be gregarious rather than social, being divided rather than united by a common purpose.

GENUS: *Midwife*. Obscure group of great interest to collector with prospects of night calls in general practice.

GENUS: *Nursa*.

Sp.: *N. Soror*. An ancient and isolated group related to the coelocanth.

Sp: *N. Nursa* (Lin.) (Syn. *N. Vulgaris* (Wd/Ck)). The "true" or "Common or Park" nurse. Some workers have inclined rather to the view that nurses are merely sisters in sheep's clothing, but there is one infallible distinction, nurses only, like Nature, are "red in tooth and claw."

For a more complicated and confusing account see any standard work on the subject.

There are of course obsolete and erroneous classifications based on a misunderstanding of two facts:—

1. ALL NURSES CAN DO EVERYTHING *except* for:—
   a. *Putting needles into veins* (Some nurse arranged that).
   b. *Washing out syringes*. Nevertheless they taught F.G.C. how to do it.
   c. *Reaching things on high shelves*—especially when they are free that evening.
2. ALL NURSES ARE SENSIBLE. Women have an innate sense where a man's logic breaks down—they know when they are right; and men know when they are beaten.

After a while every student becomes familiar with most of this, but there are some misconceptions that die hard. Here is a selection:—

That nurses are hard up and too busy. This is all very well, but she does not have to plead with papa that it is an expensive business taking nurses out. Moreover her lot is improving. *Pat.* and *Sam.* was once a nurses' home : a more enlightened generation turned it into a store room. Now only patients are put in there. As for being too busy, this is on a par with the vulgar misconception so prevalent among nurses that students are a lot of lazy good-for-nothings. (In the first place any man these days who is not earning £20 a week has a moral right to withold his labour and in the second place students actually get to bed much later than nurses do.) Even if nurses are busy they will very soon retire while their poor husbands try to fulfil election promises made in some corner of the Park about a Wolseley and a practice of four thousand.

That nurses appreciate kindness. F.G.C. got this idea from the *Reader's Digest*. Now the *Reader's Digest* may be useful as a text-book of general medicine which the registrar has not read, but do not take the 'little kindnesses that count for so much' articles too seriously. All a nurse really asks for is this Wolseley and the practice of 4,000. In any case what a nurse has learnt to regard as courting is not kindness but a petty guerilla warfare waged around the sinks in the ward simply with the object of obstructing her.

That the uniform is better suited to the conditions of a ward than is a dark suit. F.G.C. had an opportunity to test this hypothesis for himself in the small hours of a Christmas morning when with the utmost difficulty he climbed through a wasp waist into a nurse's uniform. Unfortunately he did not realise it was a wasp waist until too late because the uniform has for some reason large hiatuses at the back, sides and front. These are hitched up with a multitude of ridiculously insubstantial buttons, wire catches and little loops of cotton, a number of which came adrift or simply cut-out whenever F.G.C. thoughtlessly expired. The apron presented a further problem. The loops at the top are either fixed firmly back so that two safety-pins show at the sides or the apron yawns forward like a vast marsupial pouch. Then there is the cap. Let us simply say that it requires practice to fold a semi-circle of starched cloth into a fancy serviette. Having anchored it with seventeen hairgrips only to discover it has no function whatsoever—except to make him keep his chin up—F.G.C. strode out into the darkness of the Park feeling like a knight in ancient armour but with distinctly less protection from cold. To his surprise two policemen were wandering round the grounds in the middle of the night, but his surprise was nothing to that of the constables. Stopping dead in his tracks the older of the two took one look at F.G.C. standing about six foot nine inches high in his cap. "What *is* this place, Bill," he said, "a bally zoo?"

CORRESPONDENCE

Letters to the Editor of the Gazette

Harvest Thanksgiving

From the Chaplain

SIR,—May I have the hospitality of your correspondence columns to draw attention to two matters?

Harvest Thanksgiving. We shall have special services of thanksgiving to God on Sunday, 2nd October, in Guy's Chapel. Who would be so curmudgeonly as not to render thanks for the fruits of the earth and man's labour at the end of such a wonderful summer? The Chapel will be decorated in the traditional way and gifts for this purpose will be very gratefully accepted. Those who wish to associate themselves with this act of thanksgiving but are unable to send gifts in kind may send their donations to me: they will be acknowledged and then forwarded to the Oxford Famine Relief Fund.

Lunch-time Recitals. Some members of the Hospital administrative staff are giving a series of recitals of music in the Chapel during the lunch-hour. The first of these will be on Tuesday, 4th October, from 12.20 to 1.0 p.m. Perhaps your readers will be kind enough to make this widely known—the considerable number of people who came on the last occasion that such a recital was given showed the real interest that is felt in efforts such as this.

Yours, etc.,

Guy's Hospital, S.E.1. KENNETH CHILD.

Practical Procedures and the Student

SIR,—Mr. W. E. Watson's implied criticism of the medical curriculum which appeared in the last issue of the *Gazette*, unaccompanied by constructive suggestions, seems rather hasty and unjust. Does he expect the Medical School to "turn on" lumbar punctures along the lines of a practical chemistry class? He should re-examine the situation to see where the fault really lies.

I cannot believe that such a large hospital fails to supply sufficient material and suggest that the student who does not find enough to do has only himself to blame for not sticking his neck out and asking for it. As students, my colleagues and I found ample opportunities to do A.P. refills, lumbar punctures and so forth. They had to be done at the convenience of the ward staff, which often meant staying behind in the evening or coming in at weekends. The extra effort was rewarding, however, and I maintain that only by his own efforts can a student acquire the necessary experience.

Having recently had the opportunity to teach students at another medical school, where different methods are employed, I am more than ever convinced of the success of the educational policy prevailing at Guy's. It is a long-sighted policy which provides for the student who will help himself, enables him to assume responsibility at an early stage in his career and leaves no room for idleness.

Yours, etc.,

R. H. R. WHITE.

586, Kensington Hill,
Brislington, Bristol, 4.

SIR,—Your correspondent who complained of lack of opportunities for students to carry out procedures such as lumbar punctures, pleural taps, etc., is failing to make use of opportunities which he could avail himself of on almost any day of the week.

The reason why the housemen do perform these themselves, is that in 9 cases out of 10 the student either never expresses any desire to be taught and never turns up at all, or else when his participation has been agreed upon, arrives late. Housemen and Registrars are always prepared to demonstrate these techniques, but it is up to the student to get to know when they are to be done, and to turn up in the ward on time.

Whether or not the education *offered* at the Hospital is adequate is beside the point. It can never be complete, nor can everything be taught specifically, and the student has to make efforts on his own. We may all be 'gifted with a supernatural ability' but natural genius alone will not prosper without ambition or enthusiasm.

Or perhaps your correspondent will solve the problem by volunteering for a lumbar puncture to be demonstrated on himself?

Yours, etc.,

ROGER W. EDMONDS.

21, Granville Road,
Watford, Herts.

Nurses' Homes

SIR,—Sir Frederick Messer asked the Minister of Health on December 13th last if he was aware that one of the difficulties in the recruitment of Nurses was the lack of residential accommodation and in some cases the unsuitable accommodation which did exist; and if he would consider giving priority to the improvement in Nurses conditions with special regard to the need for new Nurses' Homes and hostels.

Mr. MacLeod stated—" It is for Hospital Boards to consider what priority to give to the provision of new accommodation for nurses in the light of other demands on their capital allocations and of my Standing Nursing Advisory Committee's advise on *how far nurses need to be resident*. I have no evidence that accommodation difficulties are adversly affecting the recruitment of nurses generally."

In a nursing periodical the following letter was published in February:

> ### *Living Conditions*
>
> How can we encourage our young friends to enter the nursing profession, when in some hospitals they are expected to live during training in almost slum conditions ?
>
> Below is the substance of a letter received by me this week from

> a young relative who started in the preliminary training school of a large formerly voluntary hospital in a big city. The school building was new with excellent equipment, but the letter recounts what happened at the end of the P.T.S. period.
>
> "We took our exams, and had all passed very well, so were naturally thrilled about it. Our delight, however, was short lived, for the next day we were shown where for the next four years, we were to live.
>
> "We had often wondered why we had never been shown the nurses home—now we knew! Had we seen it before we should never have thought of going. It is just dreadful! I can't tell you how awful it is. We are sleeping in attics with little or no heating in the most awful bedrooms I have ever seen. We have the thinnest of blankets and the only way to keep warm is to wear dressing gowns. In the room next to mine the ceiling is peeling and the rain comes in when the wind blows that way. It would not be so bad *if the place was clean*, but it isn't. Then the food! Words fail me! Still you are lucky if you get enough to eat at all. There are many things that are so awful I just can't tell them all, but as everyone's half-day came round the greater part of the P.T.S. just packed and went. And not because of the work in the wards, simply because it seemed ridiculous that you should live in such a horrible place. I love it in the wards, far more than I thought I would."
>
> The letter goes on to say that her mother saw the Matron about the living conditions and although she realized they were bad, and was sorry about it, she could do nothing about it. But why not tell the prospective students the truth before *wasting so much time and money?*
>
> Signed,
>
> Margaret James, S.R.N., S.C.M. H.V.

In a large community there are those who readily grumble. There are some who are bad citizens with low standards of personal and moral hygiene, but these are mercifully few and therefore can be discounted in assessing the needs of modern nurses' homes in the changed conditions of nursing.

What does a girl need when she leaves the security and comfort of her own home? It is surely to feel that her room and living conditions are as near as possible to those of her home. Let us *never forget* that the nurse's home *is* her home for four years or more while she is resident in Hospital, and around her she will keep all her cherished possessions and clothes if her home is not near enough to take some of these. Rooms take on personalities. A Nurse should have a room of her own. To pack up into her trunks every few weeks and change her room gives no sense of security or pride in her room. Some hospitals do indeed need new nurses' homes, but many are not making the best use of what they have got by adding little comforts at little cost and rearranging the layout and furniture already there.

Little or no imagination is used for the comforts, needs, and variations of home life. The hospital official who exclaimed, "What, pink ceilings?—No!—they are always white," needs to think again. The catering department which provided bacon eight times in eight days for night nurses, is not doing its job properly. It is wasteful and thoughtless to have tinned tomatoes and baked beans for breakfast every Friday morning when it is not eaten by the majority—out of a table of sixteen people only three were eating it. Let the catering department go round each mealtime to *see* what the nurses like or dislike, and arrange variety accordingly—and in passing could it be said that one thin pat of butter per nurse per breakfast is not enough.

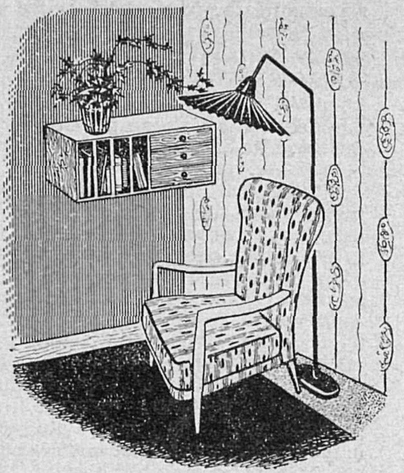
The arrangement of rooms is important. Are the wardrobes large and long enough to hang up all nurses' clothes? Could they be lengthened a few inches at the top, so that her dresses and coats are not crumpled, and proper fittings put in for coat hangers. Is the cupboard space adequate to take all her possessions? Are there hooks on the walls for a picture or two, and a hook on the door for a dressing gown ? Do hospitals allow the nurses to have pictures in their rooms ? Is there a small bookcase? For there is nothing like this to cheer a room up.

Is there a corner of her room which looks like this, welcoming, comfortable, and pleasant to look at ?

Can she read in bed or is there no bedside lamp ?

Is there any means of warming her room on chilly days, or must she, like the girl in the letter, wrap herself up in her dressing gown to keep warm ?

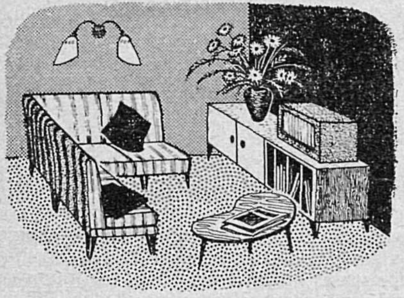
Can she entertain friends with any degree of privacy, or must she talk to them in a large public room with the eyes and ears of all focussed upon her and her friends? Large rooms can be broken up into little nooks and corners which provide some degree of privacy and where lighting is conducive to reading and needlework. May we draw attention to the letter again.



. . . . *welcoming, comfortable ond pleasant to look at.*

" It would not be too bad if the place was *clean,* but it isn't."

It is *very* necessary to keep walls and paint washed every year in a dirty big city. Dirt is *so* depressing. How is it to be done ? Let us just think. Do we, at home, get in painters and house decorators every time we wash our paint and walls ? How do we do it ? *Is it impossible to spring clean a* nurses' home ?



. . . . *large rooms can be broken up into little nooks and corners . . . .*

It is, I think, long past the time when the word " Sister," and uniforms were banished from our nurses' home administrators. Let us try to forget we are living in a hospital as much as we can when we are not working. By all means let us make the nurses' home office into a citizens advice bureau presided over by the motherly—have one on each landing if necessary—where information, advice, help, and sympathy, are freely given.

Lastly, let us consider the changed conditions of nursing. The more off duty the nurses have the more they need to be comfortable, secure and *occupied.* It is not easy, even with the higher salaries, to do this outside the hospital quarters if home is far away—but it is vitally important that nurses should be fully occupied and happy during their leisure hours for they associate their lack of interest and boredom with nursing.

In the days when nurses only had one day off duty per month, and two and three hours alternately daily, it was rare to see them sitting about gazing into space, the picture of boredom and dissatisfaction as they frequently are to be seen now. The answer may be found in the last paragraph of the letter . . ." and it is not because of the work in the wards—I love it far more than I thought I would . . ." Full occupation is necessary. Far be it from me to suggest that nurses should go back to the long working hours of the old days, but having given them so much more leisure while they are living in an institution, we must understand what they can do with their off-duty time so that they are happy and not discontented. The high cost of living prevents nurses from entertaining their friends in cafés frequently, it prevents them from making many expensive railway journeys. We give them five nights off duty every fifteen days. Could we afford a week's holiday every fifteen days, and would we simply *hate* to spend the greater part of it in a dirty little room, so lacking in comfort, in a nurses' home or in large public rooms, many of which have the welcome of a dentist's waiting room ?

In this world of plenty I am reluctant to think it is an impossible dream to have large inter-hospital clubs on Students' Union lines with bedrooms, recreation rooms, library, dance hall, where *away from work* (for work and play do not mix) nurses who have to live in homes can go and take their visitors and also meet staff from other hospitals. Many London hospitals have acknowledged the social problems of their nurses and the need for something more positive to be done.

It may be too much to expect the Ministry of Health to cover it, but if someone with philanthropical ideas (the Press, Big Business, or a lone millionaire) took the matter up, what a grand job they would do.

When new nurses' homes are built, near enough to the hospital to eliminate the pitiable sight of night nurses trying to get to their hospitals in a thick fog, and far enough to be outside the hospital grounds, could they not consist of bed sitting-rooms and flats of various sizes where staff could live out, sharing their flat with a relative or colleague and paying rent to the hospital. Some hospitals have started it in England and in Scandinavia it is done quite extensively.

Staffing problems in the country and provinces are difficult—staff do not come and many will not stay.

I suggest the bedsitting-rooms and flats might help. Not only does it provide an anchorage and an interest, but also a means of getting away from regimentation.

Yours etc.,

A NURSE, S.R.N., S.C.M.

The Woman's Place is "On The House"

SIR,—'Guy's Man' criticized the unfair proportion of women House Officers in relation to the number of students ; while this is a source of annoyance to some male students, this state is inevitable as things are at present, for House Appointments are made largely to those who have impressed the Senior Staff most, and what characteristic can be more impressive than femininity in a predominently male environment? If your correspondent wants to equalize the proportion of male and female students gaining House appointments, the solution is to increase the number of women students until they are numerically equal with the men : they will then lose the advantage of such minority, and the numbers of male and female House Officers will be approximately equal.

He also points out that the majority of women doctors leave the profession when they get married : here then, is also the solution to the present excess of doctors, for in increasing the female intake, the male will have to be reduced, while, at the same time, the Medical Schools do not lose money as the student intake is constant.

Finally, 'Guy's Man' pointed out that appointment to a House job was an honour, and an asset to a young doctor's future. He may object that such a scheme as the above would reduce the number of male doctors getting such an appointment, and would argue that they need it more than the women. But, surely, the fewer the number who gain such House appointments and stay in Medicine, the greater is the honour, and the greater the asset to his future?

Yours, et.,

Guy's Hospital, S.E.1. W. E. WATSON.

The Toronto Reunion

SIR,—As a participant at the most enjoyable Guy's reunion in Toronto, held during the joint BMA-CMA meeting, I think I can supply most of the missing names in the photograph you published.

On the left at the back is Dr. A. J. Grace, Associate professor of surgery at the University of Western Ontario. I believe the query in the middle row is Mrs. Hodges. The front row should read from left to right: Mrs. Murphy, Mrs. Hacon, Mrs. Beale, Mrs. Seward, Dr. F. W. R. Seward, on the right of Mrs. Warner is Mrs. Grace and at the end of the row is Mrs. Symonds. Incidentally, Dr. E. G. Murphy who whilst at Guy's was a prominent cricketer, is a paediatrician here and not a surgeon as one might suppose from the photograph.

Yours etc.,

Research Institute, A. J. BEALE.
Hospital for Sick Children,
Toronto.

East Anglian Guy's Re-Union Dinner

SIR,—The Guy's men in the Ipswich-Colchester area have in the past two years had three re-unions, for notice of which you have on each occasion been kind enough to find room in the *Gazette*. The last, in Ipswich on 20th May, was generally proclaimed to have been a most enjoyable evening and it was on that occasion decided that the next dinner should be held in October at Bury St. Edmunds, where it was hoped that the Ipswich-Colchester Guy's men who have enjoyed these gatherings in the past might meet more old friends by dining within distance of Cambridge and Norwich. Accordingly a dinner has been arranged at The Angel Hotel, Bury St. Edmunds, on Friday, 14th October (7.30 for 8 o'clock). One hundred and thirty application forms have been sent out to Guy's men known to reside in East Anglia, but if anyone who does not receive a form would like to attend he will be very welcome and should apply to me for the same.

Yours, etc.,

HUJOHN RIPMAN.

Red House,
Sproughton, nr. Ipswich.

The Residents' Ball—A Suggestion.

SIR,—The correspondent in your last issue (3rd September), writing about the Dental Ball, has stimulated me into venturing to suggest a reorganization of the famous annual Residents' Ball.

A large dinner-dance is difficult and expensive to run. There are few establishments large enough to hold the number and also able to cater for the dinner, and therefore tickets must necessarily be limited. For this reason, every year, many applicants are disappointed when they cannot obtain reservations.

Furthermore, quite a number of the guests must travel such distances that they are unable to arrive in time for dinner. Nevertheless, they must buy an expensive ticket which includes the cost of a meal that they have to miss.

Would it not therefore be better to confine the activities to a proper Ball, with a late night buffet, and not a dinner as well? Individual parties could still arrange to meet and dine where and when they choose, before proceeding to the reunion with their other friends.

I have already discussed this question with several colleagues and have found them to be in whole-hearted agreement. I do not think that such a reorganization would detract in any way from the enjoyment of what has become an outstanding occasion in the diary of Guy's men and women.

Yours, etc.,

9, City Road, Winchester.

D. H. FORSDICK.

The Dental Ball

SIR,—We were surprised to find a copy of our private correspondence with Mr. Gibson in the last issue of the *Gazette*. We feel it would have been in better taste for Mr. Gibson to await a personal reply without publishing his grievances. For Mr. Gibson to pre-suppose the dinner to be cold, stereotyped and made indigestible by speeches is nothing more than a flight of fancy.

The Dental Ball is not a "hop"; it is a ball: at which it is hoped to reunite distinguished members of the Guy's staff with their ex-pupils and provide a congenial atmosphere in which present students may mix with their teachers. Mr. Gibson agrees with us that the idea of a buffet is dull and suggests "a simple supper". Surely this is no more time-wasting than a dinner, especially as the cost is the same.

We should like to point out to Mr. Gibson that the idea of a dinner in place of buffet is not only the suggestion of the Dental Committee, but also of the vast majority of ex-Guy's people to whom the circular was sent.

Yours, etc.,

D. A. REES,
M. WOODMAN,
Hon. Dance Secretaries.

Dental Department,
Guy's Hospital,
London, S.E.1

REVIEWS

A Psychosomatic Approach to Medicine. By DESMOND O'NEILL, M.D., M.R.C.P., D.P.M. Pitman Medical Books. 197 pages. *Price* 25*s.*

A short, lucid, and concise book covering this field has long been needed. This one therefore deserves a welcome, and should receive one. It is devoted to matters which form probably at least two thirds of general practice. Yet while it begins with a bang, it ends, if not with a whimper, at least with something distressingly like a fizzle; and this is all the more a pity, because the book remains readable, original, and of unquestionable value to the student.

The opening three chapters, devoted respectively to the doctor-patient relationship, to the concept of Stress disorders in practice, and to recent experimental work on the physical changes which accompany emotional stress, are first class. The fourth and fifth chapters, on the symptoms and therapy of Stress disorders, are unfortunately, far less successful. The fourth is inordinately long (118 pages), and over-burdened with overlapping examples, which tend therefore to become cumulatively indigestible; moreover, it reads as though virtually unedited, and contains, *inter alia*, repetitive references to the Atalanta syndrome, an invention of the author's about which he has written a paper, but whose derivation he nowhere explains in the text. (There are in fact two Atalantas in Greek Mythology, the Arcadian and the Boeotian. As the Encyclopaedia Britannica reminded me, their characteristics are frequently confounded).

The fifth and final chapter is disappointing for the opposite reason, being sketchy, patchy, and unbalanced. It is for example probably unwise to discuss the techniques of narco-analysis and electroplexy without either saying more about their indications and complications, or keeping them in perspective in the somewhat superficial review of therapy which is all this chapter at present attempts.

But these are exacting criticisms, based on the high general standard of the book as a whole. It remains a book which every student could profitably read, and which many of the more imaginative will want to own; although at twenty-five shillings for less than 200 pages it is an awful reminder of the effects of inflation. When I was a student, a book of this size would have cost twelve and six or less; but then when I was a student you couldn't buy a book like this, and in that respect we were certainly less well served.

D.S-C.

Excavation of a Roman Barrow at Holborough, Snodland. By R. F. JESSUP, N. C. COOK and J. M. C. TOYNBEE. Archæologia Cantiana, Vol. lxviii, 1954.

Enter one of the rooms on the ground floor in the Gordon Museum and you may note a glass case housing the bones of an infant, elegantly and symmetrically displayed and coloured a pleasing pinkish brown. They were unearthed from the verge of a chalk quarry at Snodland, Kent, and their age was precisely determined by the late Professor Whillis and Mr. C. W. T. Shuttleworth as not less than eight nor more than twelve months. Hard by were found the calcined bones of a man of about forty, examined by the same authorities with all the detailed knowledge and thoroughness that we associate with their names. Further, Mr. Baxter has identified the bones of rabbits, sheep and birds from the same source. From pottery and from a coin the date has been inferred as the third century A.D. Though the excavators write of a "Roman barrow," the genuine Romans had no barrows. The deceased persons therefore, must have been Britons or Gauls. True, there had been a cremation of the man in Roman style; but the barrow itself, the domestic animals, the inclusion of a folding chair and other utensils to accompany the dead, and an oak coffin to contain the bones, betray the barbarian. Our baby was unburnt and enclosed in a *sarcophagus* or flesh-eater, originally a kind of stone from Assos thought to consume mortal remains; but this *sarcophagus* was of lead, the handiwork of a Syrian, or of a craftsman who had learnt from Syrians. It is remarkably well decorated with scallop-shells and with the figures of a Maenad, a Satyr and a Satyr-child, evidence, as Prof. Toynbee says, that the parents were followers of a mystical Dionysiac religion promising immortality and coming from the East. A strange Britain was the one into which that nameless piece of babyhood was born, with its rootless civilization and jumbled culture—no match for our oncoming ancestors. The lead *sarcophagus* has gone to the museum at Maidstone, but we have the bones: go, peep and moralize !

H.ST.H.V.

SPORT

GUY'S HOSPITAL RUGBY FOOTBALL CLUB

1st. XV—LIST OF RUGBY FIXTURES, 1955-56

Date		*Ground*	*Opponents*
1955			
Sept.	10	Aberavon	Aberavon
,,	17	H.O.P.	Catford Bridge
,,	24	H.O.P.	Blackheath
Oct.	1	Portsmouth	United Services, Portsmouth
,,	8	Cambridge	Cambridge University
,,	15	H.O.P.	Bedford
,,	22	Plymouth	Plymouth Albion
,,	24	Paignton	Paignton
,,	29	H.O.P.	Old Whitgiftians
Nov.	5	H.O.P.	Old Blues
,,	12	Birkenhead	Birkenhead Park
,,	16	Sudbury	Wasps
,,	19	H.O.P.	Rosslyn Park
,,	26	H.O.P.	Coventry
,,	30	Motspur Park	London University
Dec.	3	H.O.P.	Metropolitan Police
,,	10	Thames Ditton	Old Cranleighans
,,	17	H.O.P.	Llanelly
,,	24		
,,	27	Northampton	Northampton
,,	31	H.O.P.	Old Merchant Taylors
1956			
Jan.	7	H.O.P.	Richmond
,,	14	H.O.P.	Exeter
,,	21	Richmond (morning)	London Scottish
		TWICKENHAM	ENGLAND *v.* WALES
,,	28	H.O.P.	Devonport Services
Feb.	4	Coventry	Coventry
,,	11	TWICKENHAM	ENGLAND *v.* IRELAND
,,	18	H.O.P.	Aberavon
,,	25	H.O.P.	Gloucester
Mar.	3	Herne Hill	London Welsh
,,	10	Nuneaton	Nuneaton
,,	17	H.O.P.	Streatham
,,	24	Blackheath	London Irish
,,	31	EASTER	

NOTE: H.O.P. indicates home ground, Honor Oak Park.

RUGBY FOOTBALL

Guy's *v.* Aberavon

September, 10th 1955
At Aberavon. Lost 3—9

This season we opened our fixture list with the away game against Aberavon—always one of the highlights of the season, and a very tough proposition indeed for our first match. But the atmosphere and tradition of this long-standing contest between our friends and rivals made it, as always, a heart-warming and thoroughly enjoyable occasion, from which we emerged with credit and the deserved ovation of a crowd of almost 5,000. We were made welcome from the moment of our arrival; local elders eyed us thoughtfully as we alighted on the platform at Port Talbot, the station master and ticket collector greeted us warmly " . . . Good it is to see you Guy's boys here again", and a bowed and venerable old gentleman shook hands with each of us in turn (including your non-playing reporter). as he does every year, because he had once played against our illustrious ancestors in a byegone season on this very ground.

The stand was full, and the remaining 3 sides of the ground, hemmed in by spectacular Welsh hills, were filling fast when Aberavon kicked off at 3.30 p.m. At once the Guy's pack showed they had not forgotten the lessons of last year, when mobility and attack in the loose achieved late in the season, proved all important. Hustled by our forwards, Aberavon's swift passes and fast attack faltered through fumbling, despite constructive pace and thrust in the first ten minutes.

As both sides settled down, promising chances were still spoiled by wild passes by both scrum halves, but while Cliff Ashton, Aberavon captain and fly-half, and the most outstanding home player, was having to gather a bounding ball wobbling towards his ankles, Hackett, our own stand-off, had to collect several of his passes from somewhere behind and above his left ear. The first clear chance for points came when we were awarded a penalty 10 yards from the right touchline and just outside the Aberavon twenty-five. Cooke, our captain, was unlucky with the kick, hooking it and stubbing his toe into the bargain.

Soon afterwards Ross Richards, Aberavon's full-back, presented with an almost identical opportunity outside our own twenty-five (offside by a forward), failed to lift the ball over the bar: but then came the first score, from a brilliant solo effort by Aberavon fly-half Ashton, who gathered from a line-out near our twenty-five, zigzagged past several Guy's defenders poised impotently upon the wrong foot, and missed a perfect pass to supporting forward Derek Jones. Once again, and surprisingly, Richards failed with the kick.

By this time a Rugby loving crowd were hoping for something spirited and traditional from Guy's, and they got it. Hackett sent Lindsay away who reversed a splendid pass to Hawley which Hawley exploited to the full, cutting through and racing up to the full back with Evans on the right wing in support. Evans took Hawley's pass and out-manoeuvred Richards with twenty yards to go, but a covering Aberavon defender got one hand on Evans who, stumbling, still seemed likely to make the corner flag, ten yards away; but luck was against him, and one more defender, racing across, toppled him just short of the line. Aberavon counter-attacked with a fine passing movement and right wing Collins was crash tackled into touch two yards from our line. Then it was half-time, with Aberavon 3 points ahead, and time too for Doug Smith of Guy's to change into a pair of Aberavon white shorts.

The second half opened with Guy's throwing the ball about in fine style, and pinning Aberavon in their own twenty-five until a good kick from Ashton cleared under pressure. Then it was Aberavon's turn to alarm us, including a near thing with an attempted drop goal, but this time Thomas, switched from wing to full back to deputize for the absent Carroll, cleared with a long clean kick. Then came the best try of the match, and a Guy's try at that. Lindsey started and finished it brilliantly, snapping up a loose ball from the first of the Aberavon forwards inside our half, darting through an opening and passing to Hawley who covered 30 yards like a rocket before passing back for Lindsey to gallop triumphantly to the foot of the posts for a touchdown that lifted the crowd to its feet. We seemed certain of a two point lead but our gallant Captain, slightly confused from a mild concussion sustained earlier on, automatically took the kick and, understandably, missed. We were all square, but no more, with fifteen minutes left.

Attacking again, we were suddenly brought up standing when Aberavon's right centre intercepted a low pass from Lindsey to Hawley in our own half and went through like a knife for an unconverted try. Encouraged, Aberavon flung everything into attack, full back joining every three-quarter movement, desperately attacking while Guy's as desperately defended. Before screaming spectators the home captain, Ashton, finally dived over in the left corner festooned with Guy's defenders; still eager and fighting fit, the whole home side strained ceaselessly for another score, but Guy's held, steadied, and rallied up field to a fighting finish when a fine game ended.

Afterwards, in the changing room, Stan Cooke, groping for memory through the post-concussive mist, sought to blame himself for taking that missed kick. We ventured to console him, for we have never had a more ubiquitous, zealous, unselfish and all round excellent captain; moreover, our hosts were generous in their acclaim for a match in the best tradition, and this, our first game, could well raise the curtain on our best season since the war. Two matters however, require serious attention: accurate service from the base of the scrum, and effective use of line-outs, so that when our forwards obtain the ball, it rapidly reaches the backs while they still have time and room in which to move. Given the chance, they are the equal of almost any in the country.

Team: G. D. Thomas; C. E. Evans, M. Lindsey, R. T. Hawley, E. O. James; G. W. Hackett, R. K. Knight; J. S. Van den Berg, F. P. Parisi, R. W. May; R. C. Morgan, D. M. Smith; D. A. Lillicrap, S. A. R. Cooke, M. A. H. Russell.

THE ATHLETIC CLUB

Unbeaten in club matches in 1952, '53 and '54, the club had a moderately successful 1955 season.

Five triangular matches were held of which 3 were won, in one we were second and in another we were third.

In the Inter-Hospital sports, held on 11th June, at Motspur Park, Guy's were second with 60½ points behind London with 70 points, St. Mary's were third. This was the result of a fine performance by the team as a whole, for we obtained only one first place; in the 440 yds., which J. Groves won in 51.1 secs. He also obtained 2nd place in both the 100 and 220 yds., races. For these placings he was awarded the B.M.A. Cup for the best all-round performance of the day.

Mention must also be made of D. Williams, a newcomer to the Hospital, who also obtained 3 places in the high, long and triple jumps. R. Notley and M. Lyon were each placed in 2 events M. Lyon coming 2nd in the Shot Putt.

We have several new young athletes and are hoping for better results next season.

CRICKET

INTER-HOSPITALS' CUP FINAL, 1955

Guy's *v.* Middlesex Hospital

played at Chislehurst starting
Saturday, 20th August

Result : Lost.

Middlesex Hospital—1st Innings

Snelling, b. Morgan	11
Weir, st. Lam, b. Mackenzie	35
Hockaday, b. Mackenzie	16
Ashken, ct. Lam, b. Morgan	12
Johnson, ct. Lam, b. Atkinson	99
Sunning, b. Mackenzie	13
Lush, b. Morgan	4
Jose, ct. and b. Mackenzie	8
Gaston, ct. Lam, b. Willis	30
Davies, b. Morgan	11
Guyer, not out	1
Extras	20
Total for 10 wickets	260

Bowling	O.	M.	R.	W.
Morgan	21	3	60	4
Lyon	12	3	30	—
Atkinson	6.5	—	21	1
Mackenzie	21	2	88	4
Willis	11	2	41	1

Guy's—1st Innings

Knapman, ct. Johnson, b. Jose	11
Cooke, b. Jose	4
Williams, ct. and b. Jose	28
Mackenzie, ct. Dunning, b. Snelling	9
Elsdon-Dew, st. Weir, b. Snelling	44
Gunn, ct. Jose, b. Snelling	6
Atkinson, b. Jose	2
Morgan, ct. Ashken, b. Snelling	14
Willis, ct. Hockaday, b. Jose	5
Lyon, b. Jose	5
Lam, not out	0
Extras	8
Total for 10 wickets	136

Bowling	O.	M.	R.	W.
Jose	34	11	65	6
Guyer	6	3	12	—
Snelling	27.3	6	51	4

Middlesex Hospital—2nd Innings

Snelling, b. Mackenzie	54
Weir, ct. Mackenzie, b. Lyon	2
Hockaday, ct. Morgan, b. Mackenzie	40
Ashken, b. Mackenzie	2
Johnson, ct. Atkinson, b. Mackenzie	0
Dunning, ct. Lam, b. Willis	1
Lush, ct. Gunn, b. Mackenzie	0
Jose, ct. and b. Mackenzie	0
Gaston, b. Mackenzie	15
Davies, not out	12
Guyer, ct. Gunn, b. Morgan	6
Extras	5
Total for 10 wickets	137

Bowling	O.	M.	R.	W.
Morgan	15.1	3	34	1
Lyon	6	1	18	1
Atkinson	6	1	17	—
Mackenzie	14	2	51	7
Willis	9	3	12	1

Guy's—2nd Innings

Knapman, ct. Weir, b. Jose	3
Cooke, ct. Johnson, b. Guyer	2
Williams, b. Jose	7
Elsdon-Dew, ct. Weir, b. Jose	0
Morgan, ct. Weir, b. Jose	2
Gunn, l.b.w. Jose	26
Mackenzie, ct. Weir, b. Jose	0
Atkinson, ct. Lush, b. Snelling	27
Willis, b. Jose	17
Lyon, ct. Johnson, b. Snelling	27
Lam, not out	11
Extras	17
Total for 10 wickets	139

Bowling	O.	M.	R.	W.
Jose	28	9	54	7
Guyer	5	2	6	1
Snelling	26	8	61	2
Davies	3	2	1	—

Editor's Note :—We print these results as they were received. No account of the match has been vouchsafed us.

HOSPITAL INFORMATION

APPOINTMENTS

ASSISTANT DENTAL HOUSE SURGEONS

General Duties: Mr. J. R. Harris; Mr, N. L. Crabtree; Mr. R. F. King; Mr. B. W. G. McG. Beeching;

Children's Department; Mr. M. S. E. Gould; Mr. J. J. Jeffreys.

Preventive Dentistry Department; Mr. A. S. Atkinson.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager *Gazette* Office, 6 St. Thomas' St., S.E.1.

SHERLOCK HOLMES AND DR. WATSON. 2s. The Hound of the Baskervilles 1s. Reprints available from *Gazette* Office.

Required

WEIGHING MACHINE, bar balance type. Dr. Allday, 31 Pilgrim Rd., Boston, Lincs.

ASSISTANT required with view to partnership in high class dental practice near South coast. Private, National Health work, and a large amount of orthodontics done. Box No. 112, *Gazette* Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

A. R. Fawcett, L.D.S.R.C.S., The Old Cottage, Kingsdown, Nr. Deal, Kent.

A. H. G. Kirkman, F.R.C.S.(Ed), The Old Dolphin, Cecily Hill, Cirencester, Glos.

BIRTHS

ALLDAY.—On 22nd August, 1955, at 31 Pilgrim Rd., Boston, to Philippa (née Haynes), wife of R. K. Allday, M.B., B.S., a son (Richard Anthony), a brother for Margaret Anne and Domini.

CLARKE.—On 28th August, 1955, at 24 Regents Park, Exeter, to Jacqueline (née Isard), wife of T. A. P. Clarke, M.B., B.S., a son (Hugh William Piers).

KAY.—On 10th September, 1955, at Tuckton Nursing Home, to Ann (née Barker), wife of Dr. M. S. Kay, a sister for Hannah and Michael (Janet).

YOUNG.—On 1st September, 1955, at St. Mary's Nursing Home, Nottingham, to Pamela (née Duncan, S.R.N.), wife of Frederick Young, L.D.S.R.C.S., a daughter (Lorna Jane).

MARRIAGES

LOVELL—GRUNDY.—On 13th August, 1955, at Christchurch, Epsom, Rev. John Richard Lovell, B.A., to Sheila Grundy, S.R.N., S.C.M.

WOODSIDE—WISE.—On 23rd July, 1955, at Stone Church, Nr. Kidderminster, Robert Monckton Woodside, M.R.C.S., L.R.C.P., to Rosemary Pamela Wise.

DEATH

CALVERT.—On 2nd September, 1955, suddenly at Prospect House, Harrow-on-the-Hill. William J. R. Calvert, Late Senior Lecturer, Physics Dept., Guy's Hospital.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1753 1st October 1955 One Shilling

PASSIM

Human Sacrifice to the Goddess of Speed

EVERY year an astonishing wastage of life occurs all over the world as a result of road accidents. Many of these are the outcome of errors of judgment of brief duration which allow motorists or pedestrians to come into hazard.

There are numberless ways of tackling this perennial international problem. One, popular in this country, is the promotion of "Road Safety Weeks" when the organizers hope that the road-hog and the careless jay walker can be wooed by the blandishments of policemen with loudspeakers. Recent experiences of this type of campaign have not been particularly promising—certainly in one area this year the road safety week was the most lethal week for years past. It seems that the reaction of the British public to instructions about its behaviour on the roads is of a dangerous and recoiling variety. While these special weeks may be of educational value to children, such propaganda cannot hope to avoid the consequences of momentary inattention or foolhardiness.

The provision of better roads is of course a more ideal approach and the danger to pedestrians in towns would rapidly lessen were queues of heavy traffic and holiday-makers' cars diverted away from town centres. This needs the construction of real by-passes and not the variety which takes the driver a mile or so round the back streets of a town to bring him back to the main street a few hundred yards further on. This type of by-pass will be familiar to most of us.

Many problems connected with road safety are eventually capable of solution—given time, patience and a lot of money. The responsibility lies, of course, in the hands of governments and local authorities as well as in those of the individual.

Analysis of the mortality figures from road accidents reveals some most alarming features one of which was stressed most adequately in the *Daily Telegraph* recently. A correspondent, writing under the name of "Accident Surgeon" comments on the statement that 1,000 young men are killed annually on motor cycles. He goes on to say:

> "In the Oxford region about three quarters of all severe injuries result from accidents in which motor cycles are involved. I suggest a few measures by which the mortality and morbidity could be reduced:
>
> (i) The wearing of crash helmets should be compulsory by law.

(ii) The minimum age for a motor cycle driving licence should be raised from 16 to 21.

(iii) Manufacturers should improve the safety of motor cycles by restricting the capacity of the engines and the speed of the machines. Leg protection bars should be automatically fitted.

A motor cycle accident is no longer a personal matter between the rider and the ditch. It is a national responsibility with the loss of recovery borne by the taxpayer."

We agree wholeheartedly with the comments upon crash helmets and leg bars but cannot believe that the alteration in the age limit from 16 to 21 is a feasible step. The service motor cyclists will probably continue to be younger than 21 and it can truthfully be pointed out that the man of 19 or 20 who is regarded as able to fly a jet aeroplane should not be barred from the use of his motor cycle.

There must however be an official ruling about the wearing of crash helmets. Their efficiency has been proved satisfactorily and the late Sir Hugh Cairns surely saved very many servicemen's lives during and after the war. For, in 1941 and 1942, he persuaded the fighting services to make crash helmets compulsory wear for motor cyclists. In 1943, Cairns and Holbourn published statistics which showed "that the incidence of fractured skulls was reduced to one quarter by the use of the helmet and that the severity of such fractures as occurred was demonstrably less". (*Medical History of Second World War—Surgery*, p. 404).

Perhaps, when the Government extends this wise service ruling of 14 years ago to civilians, it might also be persuaded to stop regarding the helmets themselves as luxuries on which purchase tax should be charged. The Treasury harvest from this source would be lost, but the gain of the much larger sum of money which is necessary to pay for the hospital beds used by such casualties would be more than sufficient recompense. Loss of life, working time and national efficiency must be a prize for which the authorities should strive.

The lives of 1,000 young men constitute an annual sacrifice too terrible to continue in our country.

We record with much regret the retirement from the active staff of Dr. F. A. Knott. Dr. Knott, who was appointed hæmatologist to the Hospital in 1927, was at that time also a demonstrator of pathology in charge of the clinical laboratory. In 1934 he was appointed pathologist on the retirement of Professor Eyre. The title of this appointment was then changed to Director of the Department of Clinical Pathology. As one of his colleagues says in the appreciation published on page 390 the integration of the present department of Clinical Pathology is largely the work of Dr. Knott. The thriving department which he leaves is a testimony of his work. A more subtle assertion of his character is provided by the friendliness and helpfulness of that department, which we think demonstrates the spirit that runs through it from the Director to the most newly appointed technician.

We hope to see Dr. Knott in the Hospital often when he takes up his next appointment of Consultant Clinical Pathologist Emeritus. We know his advice will be eagerly sought by many of his colleagues.

This year is the Diamond Jubilee of the Chartered Society of Physiotherapy. Last week saw the Society's Annual Congress which was held in London and was opened by the Minister of Health. The Annual Founders' Lecture was given this year for the first time by a physiotherapist and all of us at Guy's will rejoice in the fact that this signal honour has fallen to Miss Sybil M. Evans who is Principal of the School of Physiotherapy at Guy's. The Guy's connection with the Chartered Society has always been strong and many of us will remember the enthusiastic work of the late Professor James Whillis in recent years. Our seniors will recall that Sir Cooper Perry, who was a physician to Guy's and Superintendent of the Hospital, was Chairman of the Chartered Society during the 1920's. We all know the fine work that is done by members of the Society and we wish to congratulate their corporation on its Diamond Jubilee.

We note with pleasure the reinstitution by the Governors of the Nurses Dental Service. The official announcement of this by the Superintendent will be found below. We are sure that this service will be popular among the nursing staff and we know that its absence has been felt keenly. This has been evident from recent letters received at the *Gazette* office.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Burns.*
2nd	𝔖	11.00	Harvest Thanksgiving Service. Guy's Chapel.
4th	T	12.20—1.0 p.m.	Lunch time Recital. Guy's Chapel.
7th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Chronic Renal Failure.*
8th	S	10.00	Mr. Michael Harmer. (Royal Marsden Hospital.) Departmental Round. Clinical Theatre.
			Rugby 1st XV *v.* Cambridge University (Cambridge).
11th	M	1.00	Dr. P. R. Evans. Clinical Lecture. *Disturbances of Sleep in Children.*
13th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		5.00	Mr. Murray Falconer. Neurosurgical Demonstration. Clinical Theatre.
15th	S		Rugby 1st XV *v.* Bedford (H.O.P.).
17th	M	1.00	Sir Russell Brock. Clinical Lecture.

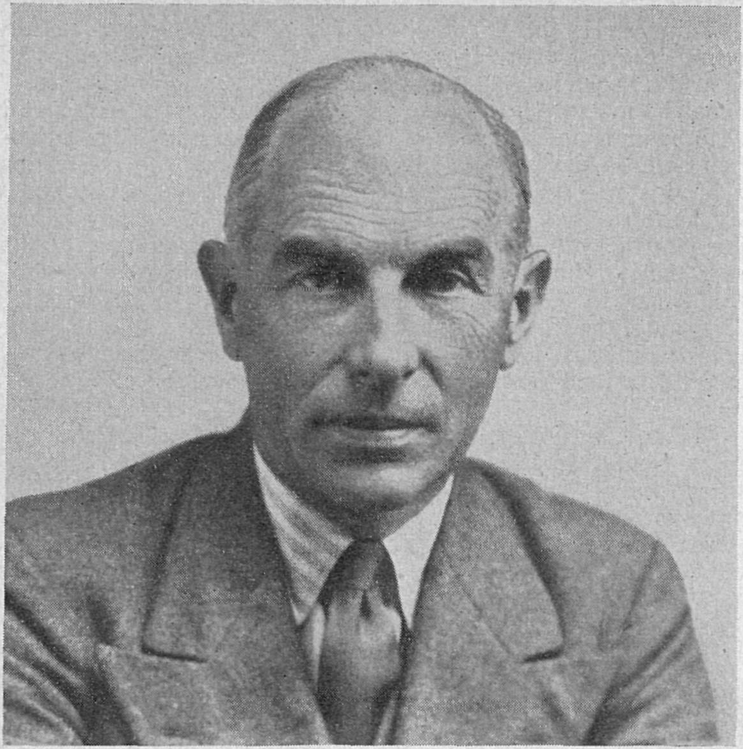
NURSES' DENTAL SERVICE

The Governors have decided to reinstitute the Nurses' Dental Service on 1st October, 1955. Mr D. R. Whittington, L.D.S., has been appointed Dental Officer to the Nursing Staff, and it is hoped that a second appointment will be made in due course.

Any nurse who wishes to see the Dental Officer should make an appointment through the Sister in charge of the Dental Department and inform her Ward Sister. If for any reason she is unable to keep the appointment, the Sister in charge of the Dental Department must be notified immediately.

The Nursing Staff are reminded that, under National Health Service regulations, all patients over the age of 21 years are required to pay the statutory charges, of which the upper limit is £1 0s. 0d., for conservative and surgical treatment, or up to a maximum of £4 5s. 0d., if dentures or bridges, etc., are supplied. Patients under 21 years receive all treatment free, but are still required to bear the cost up to a maximum of £4 5s. 0d., for dentures or bridges. No charge is made to any patient for periodical examination.

W. D. DOHERTY.
Superintendent.



FRANK ALEXANDER KNOTT, M.D., F.R.C.P., A.R.C.Sc., D.P.H.
Director of the Department of Clinical Pathology, 1934-1955
Consultant Clinical Pathologist Emeritus, 1955

DR. F. A. KNOTT—AN APPRECIATION

It is always a matter for regret when a faithful member of Guy's has to retire under the age limit and particularly so when he is as universally popular and as youthful as Dr. Frank Knott.

He became the first Director of Clinical Pathology, and the Governors could not have made a wiser choice for the post which he has occupied for so many years with such distinction and ability. This successful and indispensable department of the Hospital is largely his creation and it bears ample testimony to his great abilities as an organizer. Perhaps even more important than his quality as an administrator is his capacity for fostering and maintaining a friendly and cordial relationship between all concerned in the care and treatment of patients. His first concern has always been the well being of the patient and it is due to his kindness and humane feeling for the latter that the dread of laboratory investigations which some patients feel, is immediately dispelled on meeting the calm reassurance of the chief. Due to his influence, all the members of his staff are imbued with the same spirit of friendliness, with the result that his department has acquired the well merited reputation of harmonious efficiency.

One of the most engaging of Frank Knott's many attributes is his genuine liking for people which is reflected in the kindly reception of any who sought his advice or help. His colleagues, both junior and senior, can always be certain of a patient hearing, a thoughtful response and a tactful solution of their problems.

A good all round sportsman of no mean calibre—he played for the First XV in his younger days and represented Guy's several times at golf—he has continued to take active interest in Guy's sporting activities.

He served in the Navy in the first World War which experience confirmed the importance he has always given to the team spirit. Another basic principle of his philosophy has been the insistance on "fair play" and there are many worse philosophies than this. His great experience and practical common sense has been much sought after and his ready acceptance of many official and unofficial requests has endeared him to all who come in contact with him. A charming informality has covered a shrewd assessment of men and things and the measure of his success with the empirical approach to both is the flourishing department he has bequeathed to Guy's and which will be an enduring source of pleasure to him in his retirement, which we hope will be as happy as his professional life at Guy's has been. We also hope that there will be many opportunities of meeting him in the future.

N.

OBITUARY

W. J. R. CALVERT, M.A., PH.D.

G. S. writes:

The news of the sudden death on 2nd September, of Dr. W. J. R. Calvert came as a shock to his many friends, for although failing health had compelled him earlier in the year to give up the experimental work on which he was engaged he had hoped that, after a period of rest at home, he would be able to resume his theoretical investigations and write up the results of his research; but it was not to be.

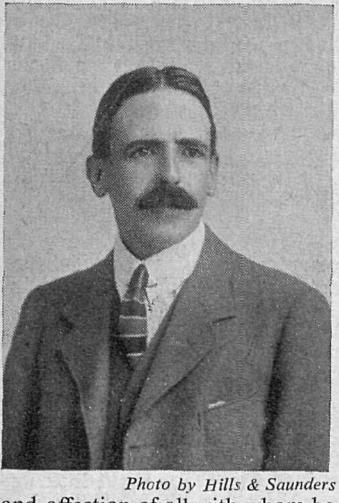


Photo by Hills & Saunders

Calvert, only son of the late Rev. L. S. Calvert, was born in 1886, and educated at Marlborough and Trinity College, Cambridge, where in 1908 he obtained First Class Honours in the Natural Sciences Tripos, Part II (Physics). Shortly afterwards he was appointed to an assistant mastership at Harrow, to which he gave devoted service for over 30 years, and where the publication of his admirable series of textbooks soon made him one of the best known teachers of Physics in the country. He left Harrow in 1940 to join the scientific staff of the Royal Aircraft Establishment, Farnborough and during the ensuing five years made great progress in the solution of certain problems arising in connexion with high frequency ignition systems for aero-engines.

After the war Calvert came to Guy's in the autumn of 1945, first on a temporary basis, but a year later as a permanent member of the staff of the Physics Department in which he ultimately attained the status of senior lecturer. From the first he devoted himself enthusiastically to his new duties, and soon won the respect and affection of all with whom he came in contact. In spite of his quiet voice and rather shy manner he never had any difficulty in holding the attention of his studen many of whom must still remember the beautiful demonstrations he was accustomed to give before the practical classes, though perhaps few realized how much time and thought he devoted to them to ensure that nothing would go wrong "on the day".

During his time at Guy's, Calvert, in spite of his age, registered as a Ph.D. student in London University, and in due course was awarded his doctorate for a thesis based mainly on his wartime work at Farnborough. He retired under the age limit in September, 1951, but came back for the following term as his successor was unable to take up his duties until January, 1952. Calvert's active mind could not endure the thought of idleness, and soon after his retirement he obtained a grant from the Royal Society which enabled him to enter the electrical engineering department of Queen Mary College and engage in research work which was beginning to bear fruit at the time when ill health compelled him to give up.

Calvert was a very loyal Guy's man, who always said that the six years he spent with us were among the happiest in his life. All his friends in Guy's will wish to express their deep sympathy with Mrs. Calvert in her sad loss.

MOTORING CLUB

The Club starts the season with its Annual General Meeting at 5.30 p.m., on Thursday, 13th October, in the Dental Theatre. A new committee will be elected and the Annual Challenge Trophies will be presented. These are the Fenn Cup for the best driver in the Hospital during the last season, the Hardy Cup for the best performance by an ex-member of the Hospital, and the Vice-President's Cup for the best Hospital navigator. The presentation will be followed by a programme of films, both technical and sporting, details of which will appear on the Club's notice board in the Colonnade.

A Treasure Hunt will take place on Saturday, 29th October, starting at the Hospital at 5 p.m. Further details of this will also be found in the Colonnade.

Fifty Years Ago

From Guy's Hospital Gazette, 7th October, 1905.

The Secretary of the Rugby Club has achieved a great success in securing the promise of the Cambridge team to open their season by a match against Guy's at Honor Oak Park. For a great number of years Cambridge has played matches away with only three clubs, Blackheath, Richmond, and the London Scottish. All other clubs ambitious of playing the University, have had to be content with a match on the University ground. 'Varsity football is always so attractive to watch, and always commands so big a gate, that the visit of Cambridge should prove a great stimulus to hospital football. We feel sure that the merits of hospital football have only to be known to be more fully appreciated, and this the match should be successful in procuring. We hope the team will give a good account of itself, although it is not until after Christmas that it will reach its full strength.

(*The game was played before a crowd of* 1,200, *and Guy's won by two goals to two tries* 10—6).

Eighty Years Ago

From Guy's Hospital Gazette, 2nd October, 1875.

Some remarkable revelations concerning the employment of women and the dissolute habits of the men in the "Black Country" are made in the half-yearly report of Mr. Brewer, sub-inspector of factories:— "The women are said to take the place of fathers as well as of husbands, while the men are idle and drunken. The root of all the evil in the Black Country appears to be drunkenness, no matter whether the drinker be puddler, collier, chain or nail maker. At Bromsgrove it is the growing custom of idle, lazy young lads to look out for skilled industrious wives in order to obtain an easy life. Not many days since a tale was related to me by an ironmaster of what happened in a brickyard near Bilston a short time back. The manager noted a girl carrying clay looking exceedingly ill. Thinking she had been drinking over night he exclaimed, "Why, Clara, you don't look up to much this morning?" "No more would you" was the retort, "if you had had a child during the night." No wonder the factory children are a degenerating class.

AUSTRIA—For Business and Pleasure

By E. D. Y. GRASBY.

A few days are enough to satisfy you that the Austrians are the same hard working, cheerful, music loving people of the pre-war Austria even if they are not *quite* so gay, and the long journey is still well worth enduring. This even includes the indecent and inhuman "change at Basle" at (a) 5.50 a.m., outwards or (b) 11.50 p.m. homeward, where one is either ejected from one's sleeper or couchette or begrudgingly permitted to enter it for a few hours of tossing, restless slumber. It's really better to fly, or spend the night "ashore" and travel only by day.

A long standing invitation to visit his Clinic in Vienna from Professor T. Antoine, a belated holiday due and the thought of renewing acquaintance with the Tirol ski slopes on my part and introducing them to my son on his part combined inevitably to suggest a business and pleasure holiday. We had left it rather late in the year to make any reservations but finally got fixed up at Westendorf, about 15 miles west of Kitzbühel. For early March less than 3,000 feet might mean little snow but there had been prodigious snowfalls in Austria and Westendorf boasted adequate skilifts so we were not unhopeful. As Dr. Rink once sapiently observed, "foreign travel is so narrowing": we met friends and colleagues everywhere : on the boat a surgical colleague from North-East Kent, on the train at Calais friends from Southampton, in the very compartment a school friend of my daughter's with her doctor husband and his friend from Rhodesia—home on leave with his parents in Tunbridge Wells! all of which helped to relieve the tedium of the journey.

Westendorf proved a typical Tirol village, with a first class Ski school and excellent instructors, and not too many in the classes. Trudging about on skis after the lapse of so many years was inevitably hard work and although the intention and will to remain upright were present, ageing and rapidly tiring muscles found the whole process rather too arduous and strenuous runs simply had to be abandoned, so my son forged on alone! In fact, while he did rather well, I went off to Vienna.

It was dark when I arrived so my first impressions of the city were the rebuilt station, my kindly host, Professor Antoine, waiting on the platform, and the speed with which he drove me to my hotel with the kindly reminder that he was beginning at 8.0 a.m. the next morning! they work rather early and hard out there!

Professor Antoine is the Director (Vorstand or Chef) or the First *Universitäts—Frauen-Klinik* of Vienna and is internationally known: he attends, usually by special invitation, nearly every International Congress and had but recently returned from a South American Congress. He is the University Professor and head of the Unit, with Assistants, House Officers and Students. The titles are a little confusing but Vorstand means head of a University Clinic (Primarius means head of a non-teaching clinic) and Dozent is given to the holder of a teaching appointment, usually one of the First Assistants.

At 8.0 a.m. I arrived to watch a Wertheim for a Stage I carcinoma in a young woman of 48. The patient's bed was wheeled into the theatre—by nurses—and the patient helped on to the table. Preoperative swabbing was then carried out in the theatre with the patient in the lithotomy position, while traffic through the theatre and adjacent rooms continued. Scrubbing up took place in the theatre, instruments were prepared, medical, nursing staff and students took up position; a drip was put up—of Ringer's solution—and then the patient was anæsthetised, pentothal and the familiar exhibition of gas, oxygen and multitudinous intravenous medicaments! The young woman anæsthetist had been to Bart's on a British Council visit, and gave a beautiful anæsthetic.

Professor Antoine had two assistants and an instrument sister—the first assistant opposite and the second assistant standing on a stool literally between the patients flexed legs. Every instrument and swab was handed by the Sister to the Surgeon, who just held out his hand and the correct instrument, needle, catgut or swab was unerringly provided. As each needle was threaded by the same Sister, and single sutures used for nearly everything—only two continuous sutures, both for the pelvic peritoneum were used—the Sister was pretty busy and she made not a single mistake that I could detect—a remarkable performance indeed.

The Wertheim began with division of the peritoneum at the reflection on to the bladder and separation of the bladder from the uterus and cervix, using curved scissors. Nearly all the dissection was performed in this way using a variety of curved and increasingly longer scissors. Appropriately long bladed retractors wielded unerringly by the two assistants kept the line of separation always in view and the bladder well retracted. The round ligaments and ovarian vessels were then ligated and divided and the operation continued very much on classical lines, but this beautiful dissection with round ended curved scissors and a tendency to use aneurysm needles for pedicles before cutting, rather than clamps and transfixion sutures, were impressive to watch. No Wertheim clamp was used on the vagina before removing the uterus—one wonders how these heavy instruments ever were applied! Gland dissection was performed *after* the hysterectomy as opposed to some British gynæcologists who like to remove the whole tissues en bloc—and a small gauge drain inserted into the vagina to drain the pelvis. Before closing the pelvic peritoneum however, a spray of a suspension of "plastin" was directed on to the denuded areas to promote clotting of any small vessels and so reduce oozing. The abdomen was then closed by the first assistant using single interrupted sutures for every layer. Time 2 hours, 15 minutes and performed with the skill and confidence of one who has done hundreds of the same operation with an operation mortality of less than 3 per cent in his last series!

I am not sure that we would approve of the anæsthetic being commenced with the patient in position on the table, or of the traffic in and out of the theatres during operations, or of the shortage of caps, masks and gowns but *chacun a son gout.*

The following morning I saw a Cæsarean for a pregnancy complicated by a large lower segment fibroid, and then a vaginal hysterectomy for fibroids, in a patient on whom a myomectomy had already been performed some years previously! The fibroid was as large as a grape fruit! Circumcision of the cervix began the operation, blunt scissors dissected off the bladder and lateral pedicles were ligated and cut. The peritoneal cavity was then opened anteriorly and posteriorly and the cervix divided as high as possible, fore and aft. The fibroid was grasped with volsella and using the curved myomectomy knife, was gradually reduced in size by morcellement. Finally the whole mass was enucleated, the bisection of the uterus completed and the halves removed separately.

Morcellement must be so rarely adopted nowadays that few have ever seen the operation: far fewer would tackle such a case. In fact I am not sure that it was wise anyhow, but there were no adhesions from the previous operation, the whole thing went beautifully and far more vaginal operations are performed out there.

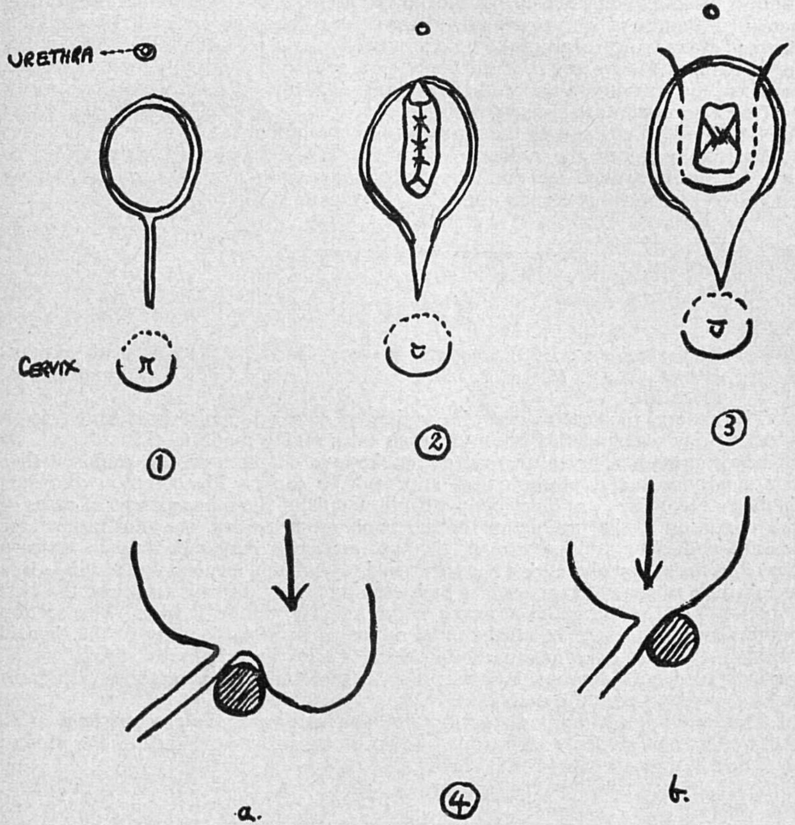
Palmrich, one of the first assistants then did a Rollenplastik for stress incontinence. This operation described in Germany last year, aims at partially separating a small rolled mass of vaginal epithelium, which is then fixed at the posterior vesico-urethral angle, which is thereby restored. The results on 30 cases operated on since October at the clinic are encouraging enough but it is obviously too early to draw any conclusions. The cystograms, however, were quite impressive. I asked whether burying squamous epithelium in this way did not produce cysts, rather like inclusion dermoids, but Palmrich said, rather regretfully "No, he hoped it might and thus produce a bigger and better support—unhappily the epithelial mass often gets smaller." He is now using perspex or plastic supports which are sewn below the posterior vesico-urethral angle, but has no results to quote yet. A point he mentioned was that during the operation no attempt is made to cure any cystocele which may be present—on the whole cystocele is not common with stress incontinence—because any increase in abdominal pressure will tend to increase the cystocele and accentuate the posterior angle, whereas repair of the cystocele with raising of the posterior wall of the bladder will direct any increased abdominal pressure directly in the line of the urethra itself! It's a point!

A case of retained products was then dealt with. An oxytocic is given before dilatation and curettage, and a blunt curette used; with this method the uterus is firmly contracted and in their view there is less chance of perforation.

Vienna introduced the colpo-microscope and I found it most interesting. The cervix is stained with Toluidene blue, illuminated and examined directly up to a magnification of X140 with the microscope. The differences in cell patterns and structure are very striking and from suspicious areas biopsies are then taken. Its limitations are obvious and the view restricted to *surface* epithelium, but early carcinomas can be spotted at once in suitable cases.

The Clinic is in the centre of the "Universitäts" and I was shown the enormous Algemeine Kraukenhaus—I believe the oldest hospital in Europe—well over 200 years old and over 3,000 beds—and in particular the wards where Semmelweiss witnessed and successfully reduced the appalling deaths from "child-bed" fever. Standing here one could not but shudder at the memory of the fearful and harrowing scenes those wards had witnessed.

Vienna itself was in winter garb, but I drove round the Vienna woods—oaks and beeches, not conifers, and therefore denuded of leaves—saw the many places associated for all time with Beethoven, Schubert and Strauss—and saw the Danube actually and vividly blue on this sunny day, from Leopoldsberg—a traditional view point. Mark Twain made his classic observation here, when the magnificent view was ruined by low cloud that "he missed the view, but was able to view the mist instead". In the City lovely buildings, museums, palaces, galleries, parks, with unhappily no time to visit them, but a very enjoyable evening at the State Opera to hear Mozart's *Die Entfuhrung aus dem Serail.*



1. *Incision in full thickness of vaginal epithelium. The centre of the circular incision should be sited 1 cm. from the posterior vesico-urethral angle.*
2. *The central area of vaginal epithelium has been partially undercut and turned inwards and sutured to form a "roll".*
3. *The upper and lower ends of the roll have been approximated and sutured, forming a "ball" of inverted epithelium. A stitch inserted as shown into "bladder fascia" will, when tightened, invaginate the "roll" and thereby elevate and recreate a posterior vesico-urethral angle.*
4. *Shows the "roll" in position and in* (a) *the increase in the angle when the cystocele is present and in* (b) *the direction of pressure if the cystocele is repaired.*

The Opera House, bombed during the War, is not yet completely restored and the State Theatre is being used, but all VIENNA—and they're all appreciative and keen music lovers—waits for its Opera to be sung in the proper place.

I was sorry to have to leave Vienna and my kind hosts, but I did have a few more days in Austria enjoying *Wiener Schnitzel* and *Apfelstrudel*, and the train journeys, though tedious, had their interesting diversions. One could, for example, write quite a treatise on national gustatory habits. An American " Miss ", of about 13 winters, sat opposite me at one meal, and after lowering much cider, followed by soup, confessed to "not feeling so good". Her mother had no control over this little horror who toyed with subsequent dishes, and gave what I was later informed, was a typical example of "unrestrained American Childhood." Apparently untold dangers follow any parental repression and such ill-behaviour is universal. Freud to the contrary, a few well placed wallops would have been my treatment.

One also applauds those heroes who were able to smoke, *during* meals, those long black reeded cigars with the aroma of impending mortality.

We finally joined the Arlberg Orient Express at Innsbruck, were shown to our seats and in walked Dr. and Mrs. Batty-Shaw so that our homeward journey was graced by charming companions.

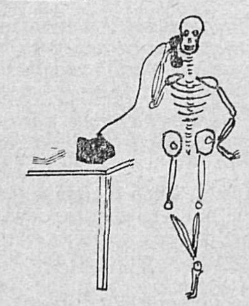
REVIEW

Clinical Endocrinology . By LAURENCE MARTIN, M.D., F.R.C.P., and MARTIN HYNES, M.D., M.R.C.P. 2nd Edition, 1954. J. & A. Churchill Ltd. *Price* 20*s*.

The general medical reader who wishes to own a reliable short textbook on endocrinology will find this book to be an outstanding guide to this subject. Its 250 pages contain a series of most comprehensive chapters on the glands with a good anatomical and physiological approach to each. The common disorders which are recognised are described with full details of the management of cases of each condition. The production of the book is impressive, the illustrations are plentiful and clear and, above all, the text matter is very much up to date—a considerable feat on the authors' part in such a dynamic medical age as this. In a work which is generally of such a high standard it is difficult to select the best chapters. The thyroid gland however, is particularly well dealt with. This section contains a clear account of all the most recent work. The identity of the thyroid hormone, the use of radioactive iodine studies and the antithyroid drugs are all given detailed consideration and, as far as is possible in any textbook, the most modern views on each are described.

This work is outstandingly good value and will be of the greatest help to all practitioners and students who want to own or consult a summary of the present day scope of endocrinology.

P.S.B.



I'm so sorry. We only keep a skeleton staff during August,

(*Cartoon by Miss Rosemary Wright.*)

GUY'S INSURANCE MARKS

By P. S. BOULTER

An interesting relic of the early days of the Hospital was recently discovered when workmen were clearing some damaged brickwork from the site of *Naaman* Ward and the side wall of *Christopher* Ward. During the course of this work, two leaden fire insurance seals were discovered. One of these is shown in Figure 1.

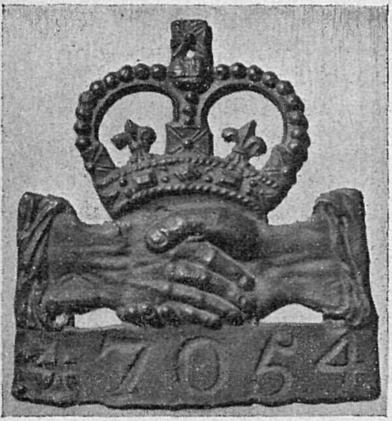
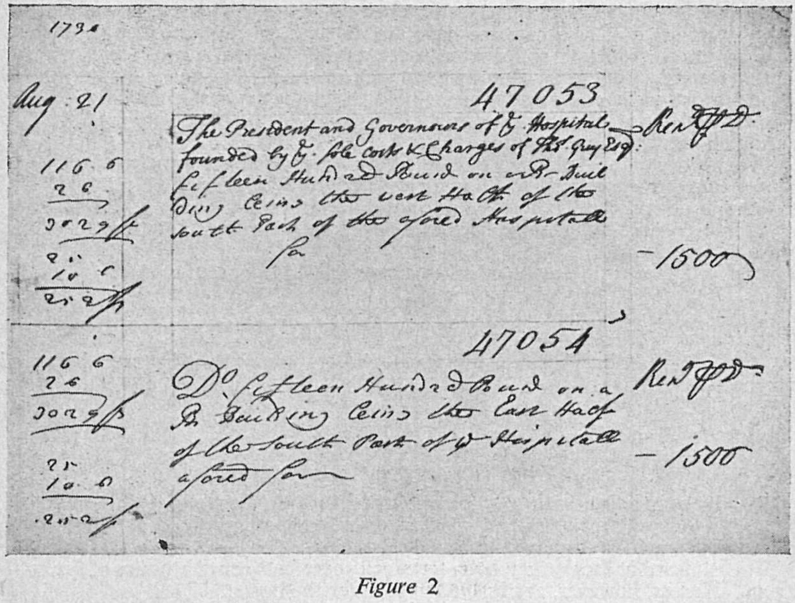


Figure 1

Such leaden seals were used to certify buildings and other property as being insured against fire and marked the property which could be regarded as the province of the private fire brigades which were maintained by all of the insurance companies of that time. It was, indeed, only to buildings bearing the insurance companies' marks that their highly organized private fire brigades could be called in an age which otherwise only had parish pumps manned by amateur firemen. The other figure (Figure 2) is a photograph of the original entry made in the records of the "Hand in Hand" Fire and Life Insurance Society. This Society was founded in 1696 and is now merged in the Commercial



173[illegible]

Aug: 21

47053

The President and Governours of ye Hospital founded by ye sole Costs & Charges of Ths. Guy Esq: fifteen Hundred Pound on a Br. Building being the west Half of the south Part of the aforesd Hospitall for — 1500

Recd ffd

116 6
2 6
302 9
2 . 6
10 6
25 2

47054

Do fifteen Hundred Pound on a Br. Building being the East Half of the South Part of ye Hospitall aforesd for — 1500

Recd ffd

116 6
2 6
302 9
25
10 6
25 2

Figure 2

Union Assurance Company Limited. For those who find the writing of the time rather difficult to decipher, the entries read as follows:

47053

1730 Aug. 21 The President and Governors of the Hospital by the Sole Costs and Charges of Thomas Guy, Esq.: Fifteen Hundred Pounds on a brick building being the West Half of the South Part of the aforesaid Hospital.

47054

Ditto. Fifteen Hundred Pounds on a brick building being the East Half of the South part of the Hospital aforesaid.

These represent what must have been the original insurance of Guy's House and the leaden seals are consequently of considerable historical interest to the Hospital. They are being mounted and, together with an enlarged photostat copy of the ledger entry, will be displayed in the new common room which is being refitted in Guy's House for the Medical Staff in the room where the medical records office was formerly situated.

I would like to thank Mr. J. Barber, the Assistant to the Superintendent for information and advice and Mr. C. E. Engel of the Department of Medical Illustration for the illustrations.

CORRESPONDENCE

Letters to the Editor of the Gazette

Nurses' Homes

SIR,—May I, through the courtesy of your pages, voice a very real grumble. I have packed up and moved my room six times this year and anticipate at least two more moves before Christmas. The longest period of time in any one room was twelve weeks and the shortest, one night. As your correspondent of last week points out, how can one have any interest or pride in one's room?

Why do nurses drink coffee from tooth-mugs? Because a tooth-mug will not break in transit. Why so few flowers? Apart from the obvious reasons—one knows that in a short while one must either sally forth through suburbia clutching flowers or leave them for a grasping successor. Every once-breakable object I possess has been taken home to be kept for posterity.

We are trained to be nurses but, in addition, we need the muscles of oxen in order to move luggage and to be experienced electricians so that our electrical gadgets will not plunge the hospital into utter darkness.

People believe that a nurse lives in a suitcase. Nothing so stationary—she is always in and out of it.

I think I speak for dozens of other nurses so will only sign myself.

Yours, etc.,

A "WOULD-BE" S.R.N.

P.S.—"Would-be" because my textbooks are somewhere between here and Shanghai!

Guy's Unit,
Orpington Hospital.

When is a lady not a lady ?

SIR,—In connection with a letter published in the *Gazette* of 17th September, 1955, concerning nurses, we wish to draw your attention to a notice which we understand is displayed in St. Christopher's.

This states that ladies may be entertained there between the hours of 7 p.m.—11 p.m. Nurses, however, are forbidden to enter the hostel.

From this we assume that:—
(*a*) Nurses are not ladies !
(*b*) They must be subject to constant supervision even whilst off duty.
(*c*) Their morality is questionable !

Yours, etc.,
'THREE THWARTED NURSES'.

Nurses' Home,
Guy's Hospital.

"Three Musts"

SIR,—May I, through the courtesy of the *Gazette* draw attention to the forthcoming Freshers' Squash to be held in the Anatomy Theatre at 5 p.m., on Tuesday, 11th October. The speaker this year will be an old Cambridge and Guy's man Sir Ivor Beauchamp, Bt., M.B., B.Ch., who will speak on 'Three Musts'. Though the meeting is primarily for the Freshers we do invite all members of the Hospital community, past and present, to this meeting.

Yours, etc.,
DENNIS C. HUMPHREY.
President.

Guy's Hospital Christian Union,
Guy's Hospital, London, S.E.1.

SPORT

RUGBY FOOTBALL

Guy's *v.* Catford Bridge

17th September, 1955
At H.O.P. Won 9—6

We put up an abysmal performance in this match; granted that there were extenuating circumstances, it remains true that our margin of victory ought to have been ten times what it was, and it is also beyond dispute that no first class side with a first class fixture list can afford to become so lamentably enfeebled by the absence or failure of one or two key men.

Catford Bridge are a cheerful, friendly, minor side whom we have long entertained as our opening fixture at home. It is no disrespect to them to say that they should have been outclassed: but in fact we had to struggle hard to beat them by three tries to a penalty goal and a try, and yet they were outshoved and outhooked so that they only got the ball from the tight three times throughout the whole game, and were barely in our half at all for the first 45 minutes.

What went wrong? In one word—finishing. Hawley was absent through injury, Hackett was suffering from a temperature and was not really fit to play, Armour took the place of Knight, and Thomas came fatally into the centre: add this up, and it spelt chaos and confusion among the backs. It would be harrowing and pointless to describe the repeatedly missed opportunities through wild passing, running across and sheer failure of cohesion among our outsides; only Lindsey and Evans played up to form, the former brilliantly in the second half when he changed places with the game but stricken Hackett. But when Lindsey made openings there was rarely anyone backing him up.

Apart from failure to prevent Catford Bridge forwards coming through the line-out, our own pack were easily on top. Labuschagne hooked brilliantly, Cooke played like a Titan as usual, and in the last ten minutes the ball was flung about between forwards in the loose, although here again finishing was poor. Practice, training, and *a plan* for every game were never more needed.

Scores came from the very few reasonable attempts at concerted play. In the first half Evans gathered a kick ahead from Armour and beat three men to score, and just before half time Lillicrap completed a combined three-quarter and forward movement for another try. Catford Bridge had not yet had a three-quarter movement at all.

In the second half they drew level in the face of Guy's incompetence, first from a penalty goal by Bidgood, then by their outside half snapping up a loose ball from a line-out and finding two forwards up to score from almost halfway. They then pinned a dispirited Guy's rabble in the Guy's half until ten minutes from time, when Lindsey four times ran through alone, until finally enough forwards and backs rallied together to finish a movement, Hackett completing by crossing the line with a sacrificial burst of speed.

So much for the game from which we must learn, but whose pitiful errors and inadequacies we must never repeat.

Team: J. D. Carroll; C. E. Evans, M. Lindsey, G. D. Thomas, M. Butler; O. W. Hackett, A. J. Armour; R. W. May, N. A. Labuschange, J. S. Van den Berg; D. M. Smith, R. C. Morgan; D. A. Lillicrap, S. A. R. Cooke, A. Buirski.

Guy's v. Blackheath

24th September, 1955
At H.O.P. Lost 14-0

For this week's game Hawley returned to the three-quarters, who were able to resume their normal line-up. May had been slightly injured in practice, and his place in the forwards was taken by Russell. Guy's kicked off with the wind and at once looked dangerous. We had several three-quarter movements in the first few minutes, and two kicks ahead by Lindsey to probe the defence, found it vulnerable, Clark at full-back for Blackheath very nearly missing the bounce for the first, and allowing Guy's to gain a firm foothold 10 yards from the Blackheath line.

We remained there or thereabouts for the first fifteen minutes of the game, but failed to score largely because the ball was not coming out quickly enough, and when it did reach the centres they were apt to over do the kick ahead without giving the wings a good scoring chance.

The first Blackheath three-quarter movement was tackled out with beautiful precision but it was not until two thirds of the first half had elapsed that Blackheath were able to enter the Guy's half in a threatening way. Hardy made the opening and the ball crossed our line to be saved by Buirski. Despite some excellent combination between Hackett and Hawley and one good run by Evans on the right wing, half-time came with no score, with Guy's having had the better of the play, but having taken less than full advantage of favourable conditions.

In the second half Blackheath showed that they meant to exploit the conditions to the full. The wind had risen slightly and Blackheath's kick to start the second half gave them a twenty-five, bouncing beyond the goal line. A forward gathered the drop-out, marked, and made an excellent touch 10 yards from our line. Blackheath got the ball from the line-out and although their centres were tackled in possession, Hardy at fly-half snatched up the ball and dropped a quick goal to give them 3 points lead. Five minutes later, still maintaining the pressure, a Blackheath forward broke away from the line-out and scored in the corner from 15 yards out. The try was not converted.

By now Blackheath were doing all the attacking and although Guy's tackling and covering were good, it was obvious that once again our outsides were robbed of a chance to use their pace and thrust by an almost total failure of the link between forwards and backs. This remains our glaring weakness, and despite excellent hooking by Labuschagne and determined efforts by individual forwards and outsides, swinging movements from the base of the scrum never looked like getting under way.

Once Hackett broke clean through with Evans on one side and Buirski on the other, but his pass to Buirski went astray; Hawley and Evans combined well despite what appeared to be a deliberate obstruction by a Blackheath forward, but then a long kick from down wind from Blackheath returned the ball to the Guy's twenty-five where a fatal fumble by Armour in front of our goal posts presented the alert Blackheath forwards with a try which was easily converted. With three minutes to go Blackheath rubbed it in with a penalty goal and had won by 14 points to nil, a margin which the first half's play showed should never have occurred.

The side as a whole had played better, but until we solve the problem of a really effective combination between scrum half and backs, we shall risk continuing to waste first class hooking and outstanding scoring power in our three-quarters.

Team: J. D. Carroll; G. D. Thomas, R. T. Hawley, M. Lindsey, C. E. Evans; G. W. Hackett, A. J. Armour; J. S. Van den Berg, N. A. Labuschagne, D. M. Smith, R. C. Morgan, S. Cooke, M. A. H. Russell, A. Buirski, D. A. Lillicrap.

ASSOCIATION FOOTBALL

Fixtures 1955-56

SEPTEMBER		
17	Lloyd's Bank	H
24	Bank of London and South America	H
OCTOBER		
1	Lensbury	H
8	Ibis	A
15	R.M.A. Sandhurst	H
19		
22	Royal Dental and Charing Cross	A
26	St. Mary's Hospital	A
29	Middlesex Hospital	H
NOVEMBER		
2	Westminster Hospital	A
5	St. Thomas's Hospital	A
9		
12	Westminster Sports	A
19	Old Mercers	A
26		
30		
DECEMBER		
3	St. George's Hospital	H
7		
10	Reading University	H
17	Phoenix	A
JANUARY		
4	London Hospital	A
7	Lancing College Old Boys	A
14	St. George's Hospital	H
18		
21	Lancing College Old Boys	A
25		
28	University College Hospital	A
FEBRUARY		
4	Maori	H
11	St. Thomas's Hospital	H
18		
25	London Hospital	H
29	St. Mary's Hospital	H
MARCH		
3	University College Hospital	H
7		
10	Clare College, Cambridge	A
17	Maori	A
24	Westminster Hospital	H
31	Royal Dental and Charing Cross	H
APRIL		
7	Westminster Sports	H
14		

Guy's *v.* Lloyds Bank

Saturday, 17th September
H.O.P. Lost 2-3

Guy's kicked off facing the wind and a bright sun, but immediately went into the lead, brilliant interchanging of passes between Maggs and Cornhill enabled the latter to score in the first minute. Guy's continued to do most of the attacking but the Lloyd's inside trio were giving the Guy's defence some anxious moments, and after fifteen minutes play had levelled the score. Maggs was putting in some strong shots for Guy's but the Lloyd's goalkeeper brought off some fine saves and before half-time Lloyd's had scored two more goals due to mistakes by the Guy's defence.

In the second half Guy's with the advantage of the wind kept up continual pressure but failed to score until Maggs succeeded with a powerful low shot from outside the penalty area. Although attacking to the end, Guy's were unable to level the scores in a match they might well have won.

Missen was outstanding in the Guy's defence and was well supported by Crabtree.

Team: Lewis; Missen, Beavis; Crabtree, Sutton, Dearlove; Harries, Maggs, Cornhill, Barry-Taylor, Humphries.

RIFLE CLUB

The result of the United Hospitals Challenge Cup shot for during the Bisley Meeting this July was:

1st Guy's Hospital "A" Team.

	200x	500x	600x	*Total*
A. W. Harris	35 ex 35	34	32	101
R. H. MacKeith	30	33	30	93
B. Gilliland	32	32	29	93
I. D. Green	30	32	30	92
H. K. Kemp	29	32	30	91
	156	163	151	470
2nd London Hosp.	150	160	151	461
3rd St. Mary's Hosp.	154	155	145	454
4th St. Bartholemew's Hospital				444
5th St. Thomas's Hospital				443
6th Westminster Hospital				427
7th Guy's "B"				324

SWIMMING

Inter-Borough Swimming Gala

Guy's represented Southwark at the Inter-Borough Gala held at the Manor Place Baths on Thursday, 15th September.

The team won their event and were presented with the Dewrance Inter-Hospital Challenge Cup.

Southwark won the match with the highest total score.

HOSPITAL INFORMATION

APPOINTMENTS VACANT

GUY'S HOSPITAL AND SOUTH-EAST METROPOLITAN *REGIONAL HOSPITAL BOARD*

Applications are invited to fill an established vacancy as **Senior Registrar in Obstetrics and Gynaecology** until 30th September, 1958.

The appointment will be made jointly by the bodies concerned and will be held in the first instance from 1st December, 1955, until the 30th September, 1957, in the Bromley Group and will be renewable for the year commencing on 1st October, 1957, at Guy's Hospital until 30th September, 1958.

The appointment will be in accordance with the Terms and Conditions of Service of Hospital Medical and Dental Staff (England and Wales). Forms of application are obtainable from, and should be lodged with the Superintendent, Guy's Hospital, S.E.1, *not later than the* **6th October, 1955.**

GUY'S HOSPITAL DENTAL DEPARTMENT

The Board of Governors of Guy's Hospital invite applications from registered Dental Practitioners for the following appointments to commence duties on 1st December, 1955, or as soon thereafter as is possible:

Casualty Department.
Part-time Registrar to attend on 5 or 6 sessions per week.

Department of Conservative Dental Surgery.
Part-time Registrar to attend on 6 sessions per week.

The posts will be subject to the Terms and Conditions of Service of Hospital Medical and Dental Staff in the National Health Service. Forms of application are obtainable from the Superintendent, Guy's Hospital, London, S.E.1, to whom applications should be sent not later than **Friday, 14th October, 1955.**

EVELINA CHILDREN'S HOSPITAL OF GUY'S HOSPITAL

Resident House Physician (with Casualty Duties) for six months from 1st November, 1955. Appointment recognised for the D.C.H. Candidates must be registered practitioners and should apply giving age, nationality, qualifications (with dates) and copies of three recent testimonials, to the Hospital Secretary by **12th October, 1955.**

GUY'S HOSPITAL

JUNIOR STAFF APPOINTMENTS, 1955-56

The following appointments and reappointments to the Junior Staff for the period commencing 1st October, 1955, have been made by the Board of Governors:—

MEDICAL STAFF

Registrars in Diagnostic Radiology:
P. J. Hurley
P. Purcell
R. C. Michell

Registrar in the Department of Psychological Medicine:
H. P. Greenberg

Registrar in the B.M.R. and Endocrine Dept.
M. H. Lessoff

Registrar in the Neurological Department:
J. D. Carroll

DENTAL STAFF

Dental Officer to the Nursing Staff:
D. R. Whittington

Registrar in the Department of Conservative Dental Surgery:
M. W. Harber

ALLOCATION OF MEDICAL AND SURGICAL REGISTRARS 1955—56

To take effect as from 1st October, 1955

Medical Registrars.
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop. *Dr. G. W. Scott.*
Dr. Boland, Dr. Baker and Dr. Houston. *Dr. D. C. Deuchar.*
Dr. Hampson, Dr. Kauntze and Dr. Grant. *Dr. J. D. Williams.*
Dr. Mann, Dr. MacLean and Dr. Campbell. *Dr. A. Batty Shaw.*

Junior Medical Registrars.
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop. *Dr. I. E. Evans.*
Dr. Boland, Dr. Baker and Dr. Houston. *Dr. I. Kelsey Fry.*
Dr. Hampson, Dr. Kauntze and Dr. Grant. *Dr. D. A. F. McGill.*

Surgical Registrars.
Mr. Grant Massie and Mr. Blackburn. *Mr. P. B. Counsell.*
Mr. Eckhoff and Mr. Glover. *Mr. A. G. Parks.*
Mr. Atkins and Mr. Lawrie. *Mr. A. W. R. Williamson.*
Mr. Wass and Mr. Brain. *Mr. F. G. Ellis.*

Medical Registrars and Junior Medical Registrars with Duties in Special Departments.

Asthma Clinic: Dr. J. D. Williams and Dr. I. Kelsey Fry.

Cardiac Clinic: Dr. A. Batty Shaw.

Chest Clinic: Dr. D. C. Deuchar.

Diabetic Clinic: Dr. G. W. Scott.

Endocrine Clinic: Dr. D. A. F. McGill.

PASS LIST

SOCIETY OF APOTHECARIES OF LONDON

Final Examination
August, 1955

Surgery: *J. Barrie.

Pathology, Bacteriology and Forensic Medicine: J. R. F. Boger, D. H. Brennan.

Midwifery: St. J. Dowling, D. A. Gilchrist.

*Has completed the examination.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Second Examination
September, 1955

C. R. Baudry
J. M. Denney
D. J. Gallivan
B. H. Irish
N. D. Kay
S. J. Lubbock
A. F. Lutter
C. L. Macpherson
I. Maselle
B. J. Moore
J. O'Donnell
A. R. Palliser
B. A. Roberts
R. J. Saunders
W. A. Tucker
J. G. M. Turle
J. S. van den Berg
J. K. Wade

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

For Sale

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—*Coat of Arms 5/6—Personal collection only*—make welcome gifts—The Manager *Gazette* Office, 6 St. Thomas' St., S.E.1.

Wanted

PARTNER young, keen for Conservative N.H.S. dental practice Nr. Nottingham. Free loan of one third share with option to purchase half share. Financial help with house-purchase once suitability and relative permanence assured. Send full details and copy of recent reference to Stanley C. J. Pink, Stratford House, Market St., Ilkeston, Derbys.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Allsopp, C. B. Radiation Chemistry. *Rep. Brit. Emp. Cancer Campgn.*, 1954, p. 375.

Atkins, H. J. B. The Surgery of the Sympathetic Nervous System. *Central Afr. J. Med.*, 1955 (*July*), p. 159.

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Barber, Hugh. Traumatic Mitral Stenosis. *Practitioner*, 1955, **175**, 333.

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Beccle, H. C. Modern Mental Treatment. *Hospital and Social Service J.*, 1955, **65**, 835: 859.

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Brock, Sir Russell. Surgery of the Heart and Thoracic Blood Vessels. Introduction to Symposium. *Brit. med. Bull.*, 1955, **11**, 171.

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Campbell, A. M. G. Meningitis. *Med. J. South-West*, 1955, **70**, 162.

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Clarke, C. A. and others. The Relationship of the ABO Blood Groups to Duodenal and Gastric Ulceration. *Brit. med. J.*, 1955, ii, 643.

Dowling, G. B. Scleroderma and Dermatomyositis. *Brit. J. Derm.*, 1955, **67**, 275.

Ellis, R. W. B. and another. An Anthropometric Study of Edinburgh Schoolchildren. Part I. *Arch. Dis. Childh.*, 1955, **30**, 328.

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Hilton, S. M. and another. The Mechanism of the Functional Hyperaemia in the Submandibular Salivary Gland. *J. Physiol.*, 1955, **129**, 253.

Hodgson-Jones, I. S. Malignant Disease of the Skin. *Med. Pr.*, 1955, **234**, 267.

James, D. W. and another. Placenta Accreta Associated with Placenta Praevia. *J. Obstet. Gynaec. Brit. Emp.*, 1955, **62**, 551.

Lloyd Still, R. M. 'Folie à Deux'. *W. Indian med. J.*, 1955, **4**, 129.

Lorber, John and others. A New Heredo-familial Neurological Syndrome. *Arch. Dis. Childh.*, 1955, **30**, 338.

Luder, J. and another. Mongolism in Africans. *Arch. Dis. Childh.*, 1955, **30**, 310.

Macdonald, I. Nutrition. *Midwives Chron.*, 1955, **68**, 226.

Mant, A. K. The Death Certificate. *St. Mary's Hosp. Gaz.*, 1955, **61**, 130.

Naguib, M. and Robson, J. M. The Effect of Cortisone Alone and in Combination with Isoniazid in Experimental Corneal Tuberculosis in Mice. *Brit. J. Pharmacol.*, 1955, **10**, 387.

Nicholson, Nigel G. A Day with a Health Visitor. A General Practitioner's Point of View. *Brit. med. J.*, 1955, i, 299 (*Supplement*).

Ogilvie, Sir Heneage. Shot-Gun Wounds. *Practitioner*, 1955, **175**, 304.

Osmond, Humphry and another. Mothers, Mongols and Mores. *Canad. med. Ass. J.*, 1955, **73**, 167.

Payne, W. W. Fluids and Electrolytes in Gastro-Enteritis. *Med. Pr.*, 1955, **234**, 235.

CHANGES OF ADDRESS

W. H. Barker, M.B., B.Ch., 49 Chauncey House, Stevenage, Herts. (Tel.: Stevenage 748.)

A. G. Blyth, M.B., B.S., D.(Obst.), R.C.O.G., 19 The Avenue, Andover, Hants. (Tel.: Andover 2715).

P. Degens, B.D.S., 4 Edgar Buildings, Bath, Somerset. (Tel.: 2426).

W. B. D. Maile, M.D., M.R.C.P., D.M.R.D., The Gables, Emsworth, Hants. (Tel.: Emsworth 2107).

BIRTHS

ALLDRIDGE.—On 14th September, 1955, at Redhill to Gillian (née Terry, S.R.N.), wife of Douglas G. E. Alldridge, M.B., B.S., a daughter (Victoria Thalia).

BLYTH.—On 29th August, 1955, at Andover to Jean (née Anderson), wife of A. G. Blyth, M.B., B.S., D.(Obst.), R.C.O.G., a daughter (Fiona Margaret), a sister for Nicola.

CAMAC.—On 14th September, 1955, at Ashby de la Zouch Cottage Hospital, to Joyce (née Swift, S.R.N.), wife of John Cramsie Camac, M.B., B.S., a daughter (Deborah Jane), a sister for Tina.

DAVISON.—On 9th September, 1955, at Tonbridge Nursing Home to Maisie (née Allison), wife of Guy Davison, M.B., B.Ch., a daughter (Claire Fiona).

HEBER.—On 17th September, 1955, at 2 Court Avenue, Old Coulsdon, to Nina (née Savill), wife of Kenneth Heber, M.B., B.S., a daughter (Sharon Amanda), a sister for Corinne.

HUNTLEY.—On 14th September, 1955, to Phyl (née Griffiths), wife of Martin Huntley, M.R.C.S., L.R.C.P., a daughter, a sister for Richard and Robert.

MARRIAGES

BAYLIS—BURGESS.—At The English Congregational Church, Pontypridd, John Horton Baylis, M.R.C.P., to Anne Burgess, S.R.N.

KELLY—IRONS.—On 27th August, 1955, at Stevenage, Kevin Kelly, M.B., B.S., to Iona Irons of Nicosia, Cyprus.

METCALFE—EXELBY.—At Drayton Church, Selby, John Metcalfe, L.D.S., B.D.S., to Patricia Mary Exelby, S.R.N.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1754 15th October 1955 One Shilling

PASSIM

Tradition and Opportunity

IN 1769, the Governors of Guy's Hospital approved a resolution that "*All such persons as shall be chosen Surgeons of this Hospital shall occasionally give lectures to the pupils that shall be entered at this Hospital*". Ever since that date the teaching of students has been a recognized part of the duties of the Staff. Naturally, in the years that followed, the experience to be gained at Guy's attracted men from all over the country to be dressers, apprentices and pupils. Later, in 1825, after the rift with St. Thomas's (who used to live across the road from us), the Medical School of Guy's Hospital became an administrative fact.

We have therefore a long educational tradition, and all of us who have qualified or are studying at Guy's know of the merits of that type of teaching which is to be found here. It is to the sharing of this tradition and to the fellowship of Guy's men and women that we welcome the new students whose names appear in the pages of this *Gazette*.

There is one basic teaching that Guy's men have always been given and the thesis is that the way of learning the art of being a doctor is by learning the management of patients. This is a very different thing from academic medicine and, accordingly, we have here far less emphasis on sterile systematic teaching in clinical subjects and far more on the responsibility that the student must bear. Such responsibility is loaded gently on to the clinical student as he goes through his career in the Hospital. The ward clerk who grumbles at the task of trolleying his patients to and from the operating theatre should remember that he is being given responsibility for doing a task (and incidentally saving the Hospital some money). This is a training, then, in personal discipline. If he can learn this and at the same time learn to appreciate the sciences of medicine and surgery, he will have got the best from his course.

The clinical students who start their time here this month will soon realize that they are at last reaching the stage of application of their basic education in the sciences, while they gain, at the same time, new and fascinating knowledge. The preclinical students are one stage further back in the progress towards qualification. They must, however, be consoled by the fact that medicine and dentistry in all their branches rest absolutely upon the foundations of the medical sciences. The time which is spent on the study of chemistry, physics and biology is necessary because it allows of a thoughtful and logical approach to the learning of anatomy, physiology, biochemistry and pharmacology. The mastery of these basic subjects takes much of the struggle away from absorption of the clinical subjects. It cannot be emphasized too strongly that the teaching in the laboratories and lecture theatres is invaluable and must not be thought of as being a mere interlude before the real study of medicine. Extensions to the edifice of medicine only follow the placing of more foundations by those who are engaged on fundamental research in fundamental sciences.

Dr. Keith Simpson speaking last year to the British Association of Forensic Pathologists, gave a text which should be remembered by teachers and students when he said:—

> "Let us not forget, . . . that we are contributing to the education of a doctor; that the medical profession is still—or should be—a learned one; that we should not be content to restrict ourselves to imparting information on mere facts, to teaching tabloid formulæ which will only enable the student to pass an examination in the subject. Modern medical teaching must be liberal and aim to set a high intellectual standard in order to bear the fruits of what Sir Richard Livingstone called 'the philosophy of the first rate'; we must teach also the principles of clear thinking, of observation and inference—a capacity for thought and judgment."

Note that the demand is for "a capacity for thought and judgment"—a very different thing from an extensive factual knowledge. The doctor as a member of a learned profession should obviously have the wider advantages of education. In the study of medicine, restriction of general cultural education should not be allowed. A student should come up to the hospital having a good grounding in literature and languages. The necessary sciences can be taught when he arrives at his university but nothing can easily supply a cultural background if this has not been given at school.

Let us then state three ideal requirements for the training of an educated doctor:—

(i) A full school career based essentially on the arts but perhaps with some groundwork in science.

(ii) A preclinical course of instruction in the basic sciences with integration of the subjects and consequent summation of the knowledge.

(iii) A clinical course during which application of the first two is permitted by appreciation of the patient as a whole—as a person with a philosophy as well as a physiology and a pathology.

The last two are at your disposal at Guy's. Use your opportunities well.

Lastly, may we remind our newcomers (and perhaps some people who are already here) that when they come to Guy's they are entering the corporate life of a university college. There are sporting and cultural facilities which are available to every man and woman. The student who can find no recreational interest here must be a most dull fellow and he will be a long way from enjoying his course as opposed to experiencing it.

Welcome to Guy's! It is yours for the next few years and, in spirit, for the rest of your lives.

Readers of the *Gazette* will be pleased to hear of a ceremony which occurred at the last meeting of the Board of Governors. The Chairman, Lord Cunliffe, informed the Board that it was in 1905 that Mr. E. G. Slesinger, the Vice-Chairman, first came to Guy's as a medical student. This month was therefore the fiftieth anniversary of Mr. Slesinger's active connection with the Hospital. His valued work as a member of the consultant staff and as Chairman of the Medical Committee and School Council and, more recently, as Vice-Chairman of the Board of Governors was recognized by the presentation of a small silver replica of the statue of Thomas Guy that stands in the courtyard. This was presented for the Board of Governors by the Chairman who paid tribute to Mr. Slesinger's splendid work for Guy's. We add our congratulations on this most happy anniversary and we know that we will be joined by a multitude of Guy's men who have known and respected him in his capacity as teacher, surgeon and administrator.

As we went to press we learned with great sorrow of the untimely death on 10th October, of Dr. L. C. Thomson. He was Director of the Medical Research Council Group for Research on the Physiology of Vision. Before taking up this appointment, he was a Lecturer in Physiology at Guy's. Many Guy's men will remember him with great affection and respect. We offer our sincere condolences to his family. An obituary notice will appear in the next *Gazette*.

The Committee of the *Gazette* have decided with regret that in future *The Guy's Hospital Directory* will only be issued upon payment of a relatively small sum of money. The costs of printing and binding have risen so much that the free distribution of the *Directory* to all *Gazette* subscribers can no longer take place. If the 1956 *Directory* is published it will cost 10*s*. 0*d*., and one of the next issues of the *Gazette* will contain a Business Reply Card which we would like to be returned by those of our subscribers who wish to receive the *Directory* under the new arrangement. It would be greatly appreciated if these cards could be returned to us as soon as possible, so that arrangements for printing may be made with some knowledge of the number of copies which will be wanted.

We commend to the attention of our readers the letter written by Mr. Alasdair Kerr of the Department of Dental Medicine on p. 419. We hope that Guy's will have a larger contingent to the U.H. Symphony Orchestra during the coming year.

Every hospital in London now has women medical students. We have always strongly defended the claim that those at Guy's are the most attractive in the country. One of them has given us recently some cause to think that we are right. Miss Gillian Ball, a clinical student who is well known for her enthusiastic work for the Theatre Club, has been elected Carnival Queen of Rotherfield, Sussex. We do not think that the Medical School at Guy's ever had a carnival queen on its books before. We offer Miss Ball our congratulations on her election and coronation.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Burns.*
17th	M	1.00	Sir Russell Brock. Clinical Lecture. *Injuries to the Chest.*
		4.30	Guy's Hospital Theatre Club. Annual General Meeting. Physiology Theatre.
18th	T	1.00	Mr. Patrick Clarkson. Clinical Lecture. *Modern Trends in Plastic and Reconstructive Surgery.*
21st	F	1.00	Dr. Ralph Kauntze. Clinical Lecture.
22nd	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* Plymouth Albion (Plymouth).
24th	M	1.00	Dr. Maurice Campbell. Clinical Lecture.
			Rugby 1st XV *v.* Paignton (Paignton).
25th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture. *Crohn's Disease.*
28th	F	1.00	Dr. H. E. Holling. Clinical Lecture. *Disorders of Pulmonary Circulation.*
29th	S		Rugby 1st XV *v.* Old Whitgiftians (H.O.P.).
31st	M	1.00	Dr. E. H. Rink. Clinical Lecture. *The Heart and Anæsthesia.*

Twenty-Five Years Ago

From Guy's Hospital Gazette, 4th October, 1930.

Above all, study the human side of your patients. In after life, your degrees will testify to your brains, but your practice will depend chiefly on your personality. With a knowledge of the hospitals of many districts and many countries I believe that Guy's should above all things be grateful for its patients. No finer set of men and women can be found anywhere than those who live round us in the Borough, and who come to us in their troubles. In the wards they are your patients and your friends. You will be treated with a faith and affection that should make you feel humble and eager to deserve it; you will be told the innermost secrets of their hearts with a sincere trust that the spiritual or legal adviser fails to inspire. Make the most of this privilege, for in the study of men you will prepare yourself to deserve the highest title ever earned by mortal, "the beloved physician."

Begin now; later you will be too busy and preoccupied. Here in the surgical wards which you enter for the first time, you can acquire a knowledge, and the sympathy founded upon it, which will better fit you to serve humanity, both as men and doctors, than all the science in all the text books.

From an article "To those entering the Surgical Wards" by Mr. W. H. Ogilvie.

Fifty Years Ago

From Guy's Hospital Gazette, 21st October, 1905.

Pupils' Physical Society

The above society held its first meeting for this session on Thursday, 12th October, and the evening proved most successful.

At the preceding dinner, held at 7 p.m., in the College Dining Hall, and at which 136 sat down, Dr. Taylor was in the chair, he, with Professor Osler and Dr. Hale White, having accepted the invitation of the Presidents of the Pupils' Physical Society to dine with that society. After the toast of the King had been duly honoured, all adjourned to the Physiological Theatre, the seats of which were crowded by an attentive audience, who had overflowed into the gallery above. Among those present were Sir Samuel Wilks, Sir Thomas Stevenson, Dr. Goodhart, Dr. Savage, Dr. Taylor, Dr. Hale White, Mr. Symonds, Mr. Lane, Mr. Targett, several other members of the Staff, and Dr. Groves . . .

Professor Osler, the recently-appointed Regius Professor of Medicine at Oxford, read the paper which we print below, described the books which lay before him, and exhibited on the screen a number of pictures, portraits, title-pages, etc. . . . A vote of thanks to the chairman was proposed by Mr. H. C. Cameron and seconded by Mr. F. W. Morton Palmer.

Osler's paper "Sir Thomas Browne" follows. We quote the peroration:

"For you, young men, the writings of Sir Thomas Browne have a very positive value. The charm of high thoughts clad in beautiful language may win some of you to a love of good literature; but beyond this is a still greater advantage. Like the *Thoughts of Marcus Aurelius* and the *Enchiridion of* Epictetus, *The Religio* is full of counsels of perfection which appeal to the mind of youth, still plastic and unhardened by contact with the world. Carefully studied, from such books come subtle influences which give stability to character and help to give a man a sane outlook on the complex problems of life. Sealed early of this tribe of authors, a student takes with him, as *companions du voyage*, lifelong friends whose thoughts become his thoughts and whose ways become his ways. Mastery of self, conscientious devotion to duty, deep human interest in human beings—these best of all lessons you must learn now or never; and these are some of the lessons you may glean from the life and from the lips of Sir Thomas Browne."

NOTICES

DEPARTMENT OF SURGERY

Owing to the considerable loss of books, it has been necessary to open the Surgical Library between the hours 1.30—2.0 p.m., only on Mondays to Fridays inclusive.

PUPILS' PHYSICAL SOCIETY

The first meeting of the 1955-6 session will be on Thursday, 27th October, when the speaker will be Mr. Engel of the Department of Medical Photography.

Award of Prizes.

The Laidlaw Prize, value £5 5s. 0d., is to be awarded for an essay on a clinical medical subject, to be announced shortly.

The Beddard Prize, also value £5 5s. 0d., will be awarded for the best demonstration to the Society of a clinical case or pathological specimen, or the reading of an original paper. The papers and demonstrations will be heard and adjudicated at a meeting of the Society in the middle of November. Candidates will be asked to submit a brief resumé of their paper some days before the meeting; the paper or case demonstration should occupy approximately ten minutes, and may be on any subject, medical, surgical or specialized.

These competitions are open to all students in the clinical period of study.

GUY'S HOSPITAL DENTAL SOCIETY—ANNUAL BALL

To be held at Grosvenor House, Park Lane, on Friday, 11th November. 8 p.m., to 2 a.m. Dinner 8.45 p.m. Tickets (£4 4*s*. 0*d*. Double) may be obtained from the Hon. Dance Secretary.

D. A. REES.

ST. LUKE'S DAY (18th October)

In Guy's Hospital Chapel

7.00 a.m. Holy Communion.

8.00 a.m. Holy Communion.
(Corporate Communion for members of the Union of St. Luke for Doctors).

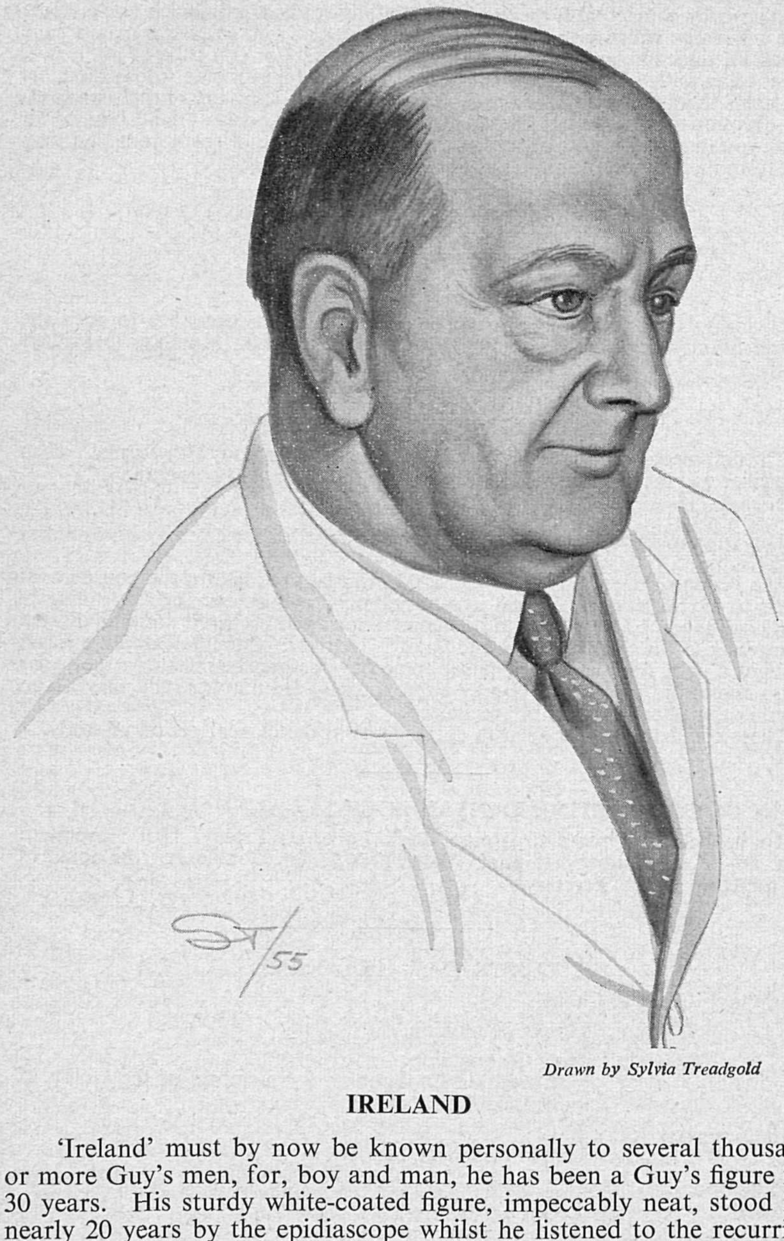
In Southwark Cathedral
1.15 p.m. United Hospitals' Service.

Preacher: The Rev. G. E. Reindorp, Vicar of St. Stephen with St. John, Westminster.

"CHRISTIAN BELIEF"

Lectures on the Christian Understanding of Man by the Rev. R. C. R. Mander, B.D., Chaplain to Medical Students, University of London, in the Anatomy Theatre at 4.30 p.m., on 17th and 24th October.

GUY'S PERSONALITIES (5)



Drawn by Sylvia Treadgold

IRELAND

'Ireland' must by now be known personally to several thousand or more Guy's men, for, boy and man, he has been a Guy's figure for 30 years. His sturdy white-coated figure, impeccably neat, stood for nearly 20 years by the epidiascope whilst he listened to the recurring 'little jokes' of lecturers in the Anatomy Theatre—Embryology, Radiology, Forensic Medicine "Clinicals" galore—he knew them all, but still he chuckled, and still he devoted himself selflessly to the interests of 'The Staff'. No mean judge of a lecturer or a character, he was a great source of information, always tactfully imparted, to those who wished to know 'how things were going on'.

In the Museum he still stands in the minute book as 'the boy Ireland', and no messy specimen fails to secure his rapt attention—and often diagnosis. He is intensely proud of the Gordon Museum—'the finest in the world'—and so he might be for he's handled thousands of specimens that now lie on its shelves to bemuse and perplex the student and nurse. No more devoted Guy's servant has ever existed: Guy's is bachelor Ireland's entire life—he'd be quite lost without *THE* Hospital on his doorstep 'across the road'—and so would many of the staff who take its greatness for granted each day: Ireland doesn't.

NOTICES

CHURCH OF ENGLAND CHAPLAIN TO MEDICAL STUDENTS

The Bishop of London has appointed the Rev. R. C. R. Mander as chaplain to the students of the 12 Teaching Hospitals in London. The Chaplain would like to meet as many students as possible (particularly those coming up for their first term) but, to a great extent, he must rely on people getting in touch with him. His centre is the C. of E. Chaplaincy to the University of London, 13 Woburn Square, W.C.1. MUSeum 5572.

From Sunday, 16th October, Christ Church, Woburn Square, will be used by the Chaplains as a church for the student population of London. The Sunday services will be at 9 a.m. and the special course of Sermons at 8 p.m.

MUSIC RECITAL

An enjoyable lunch-time recital of music was given in the Chapel by members of Guy's Staff on Tuesday, 14th October. The programme included several works by Handel, and the soloists were Rosemary Wright (Soprano), William Shepherd (Tenor), Norman Leigh (Bass) and G. E. Gartside (Organ). The works chosen were well suited to the voices, and special mention should be made of Miss Wright's delightful rendering of the Handel Aria "Ask if Yon Damask Rose" from "Susanna", in which her warm tone was particularly pleasing. The two male soloists both sang well, particularly in the Handel works.

Mr. Gartside presided at the organ in his usual efficient manner. Might we suggest that an abridged version of, say, *Messiah* be given at a later date in collaboration with the Guy's Music Club? The next recital will be given in November when a much larger attendance would doubtless greatly encourage the soloists.

R.V.W.

MOUNTAINEERING CLUB

The Club held a small but successful Meet during August. A few members stayed, by kind permission of the Scottish Mountaineering Club, at their Lagangarbh Hut in Glencoe. Perfect weather saw some good climbing and walking over the interesting hills of that area. It is hoped that the next academic year will see increased activity from members of the club. Sandstone climbing and weekends in North Wales and the Lake District are already planned. It is hoped to open the indoor activities of the club by a show of mountaineering films. Anyone interested should watch the notice board in the Colonnade, and for any questions on equipment or literature should approach the Secretary or members of the Committee.

THE EMMANUAL CLUB, SOUTHWARK

A Boys and Mixed Club

This Club connected with Emmanual College, Cambridge and Southwark Cathedral would like voluntary helpers. Accommodation is available if required. Will anyone interested please get in touch with the Leader, Emmanual Club, 47 Union Street, S.E.1. Telephone: HOP 1255.

THE ASSESSMENT OF TOXICITY OF STAPH.PYOGENES

By KEVIN ANDERSON, M.D.(Lond.)
Department of Bacteriology, Guy's Hospital.

CRUICKSHANK (1937) has shown that coagulase production constitutes the most reliable single test for estimating the pathogenicity of a given strain of staphylococcus. Having decided that an organism is potentially pathogenic, it may be necessary, for a variety of purposes, to assess the toxigenic activity. Such an examination may give some indication of the disease-producing capabilities of the strain, although host defence mechanisms will always limit the conclusions to be drawn from these *in vitro* tests. Examination of many clinical strains has shown, however, that there is a positive correlation between the tests and the severity of the lesion from which the strain is isolated. A single strain should always be examined by every method, since any one assay cannot be relied upon to give a true estimate of toxigenic activity. The tests which can be performed are now considered under separate headings.

Staphylococcal α-haemolysin or α-toxin.

This substance is active against rabbit red corpuscles and causes rapid hæmolysis at 37°C. It is probably identical to the lethal or dermonecrotic factors (Panton and Valentine, 1932). It is not in any way related to the hæmolysin detected on horse blood agar plates, and the degree of hæmolysis seen on such a medium on primary isolation of staphylococci is no indication of α-toxin production. The toxin may be prepared by growing a strain in nutrient broth for 48 hours at 37°C. in an atmosphere of 30% CO_2. The cells are then separated by centrifugation and the supernatant serially diluted in saline. A 2.5% suspension of washed rabbits' red cells is added to each tube. The end-point of activity is taken as the reciprocal of the dilution showing 50% hæmolysis after 1 hour's incubation at 37°C. The activity, which is expressed as hæmolytic units per ml., is specifically neutralized by commercial staphylococcus antitoxin.

Hyaluronidase production.

Hyaluronidase ("Spreading factor") is produced in varying amounts by strains of Staph.pyogenes. Hyaluronic acid, the substrate for this reaction, can be prepared from umbilical cords by precipitation with alcohol saturated with potassium acetate. In aqueous solution, it forms a turbid, viscid liquid. When acted upon by hyaluronidase, the turbidity and the viscidity are reduced and this forms the basis of two tests for the enzyme. Alternatively, the M.C.P. (mucin clot prevention) test of McClean, Rogers and Williams (1943) may be used. The supernatant from an 18 hour broth culture in air is serially diluted in distilled water and the substrate added. After the mixture has been incubated at 37°C., acetic acid is dropped into each tube. If hyaluronic acid is still present, a "clot" forms when the tube is shaken. The reciprocal of the last dilution showing no clot formation is taken as the hyaluronidase titre in units per ml.

Antigen-antibody flocculation lines.

A variety of staphylococcal toxins, undetectable by other methods, can be observed by a double diffusion gradient principle devised by Elek and Levy (1950). The strain under examination is grown at right angles to a blotting paper strip soaked in staphylococcus antitoxin, embedded in an agar plate. After 48 hours' incubation at 37°C. in an atmosphere of 30% CO_2, fine flocculation lines may be detected in the agar and can be intensified by spraying the plate with a saturated solution of ammonium sulphate (Fig. 1). These lines are the result of specific toxin-antitoxin reactions occurring at a point in the agar where optimal concentrations of both substances are present. The number of lines can be counted and may range from a maximum of 8 to a minimum of 1 or 2. The significance of the number produced by any given strain will be referred to later.

Animal pathogenicity.

The mouse is a cheap and convenient laboratory animal for testing and two methods are in use. These are the intramuscular technique of Selbie and Simon (1952) and the intraperitoneal method of Christie, North and Parkin (1946). The former involves the injection of 0.2 ml. of a broth culture into the posterior part of the left thigh in three mice. The transverse diameter of the thigh is recorded on the 1st, 2nd, 4th and 7th days after injection and the difference between it and the uninoculated thigh is recorded as the size of the swelling. The average of the readings for the three mice on each day is taken as the final reading. For the intraperitoneal technique, strains are grown on agar slopes for 18 hours and then washed off in saline to give a suspension of opacity 10 (Burroughs Wellcome tubes). 1 ml. of this suspension is injected intraperitoneally into each of three mice, and deaths are recorded up to 48 hours.

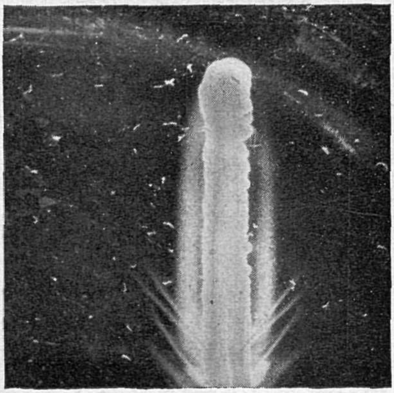


Fig. 1. *Antigen-antibody flocculation lines in agar.*

Coagulase production.

The work of Duthie (1954) has enabled the quantitative assay of two types of coagulase activity to be performed. The first type, "bound" coagulase, which is probably involved in the slide coagulase test may be measured by the degree of clumping when saline suspensions are mixed with plasma or solutions of bovine fibrinogen. The second variety known as "free" or diffusable coagulase, is measured by the time taken for cell free supernatants to clot standard plasma/fibrinogen mixtures.

Results.

Howard (1954) has shown that the number of antigen-antibody flocculation lines formed by a strain is directly related to the relative virulence of the organisms for mice, and to the production of higher titres of α-toxin in broth cultures. Penicillin sensitivity or phage pattern appear to be unrelated to antigen-line production. These results have been confirmed and in addition there is also a direct relationship between line formation, hyaluronidase titre and the clinical severity of the lesion from which the strain is isolated. Organisms have been collected from finger infections attending at Front Surgery for the first time and the detailed record cards available have allowed a fairly accurate clinical grading to be made. Table I shows the relationship of line production to other toxin formation and mouse pathogenicity. Mean figures from the examination of 60 strains are quoted throughout the table. The relation of line production to clinical severity of the lesion is shown in Table II.

Examination of strains for two types of coagulase activity has shown no correlation between them and the other properties already discussed. Similarly, the intensity of pigment production after growth on milk agar has shown no relationship to other toxigenic activity.

Table I

Relation between line production, alpha-toxin titre, hyaluronidase titre and mouse pathogenicity.

Number of flocculation lines	Hæmolytic titre units/ml.	Hyaluronidase titre units/ml.	Mouse deaths (out of 3)
8	60	162	3
7	52	107	2.5
6	35	78	3
5	8	49	1.6
4	10	78	1.1
3	5	45	1.1
2	9	27	0.8

Table II.

Relation between line production and clinical severity of lesion.

Group of Strains	% Type of Infection Severe	 Moderate	 Mild
8, 7 and 6 lines (Total 28)	25	36	39
5, 4, 3 and 2 lines (Total 32)	6	38	56

Discussion.

The task of assessing the pathogenicity of staphylococci to man is beset with difficulties. In the present investigation, rigid criteria were adopted in the selection of strains and only those cases of primary sepsis with little or no history of trauma were accepted. When these conditions are adhered to, it would seem that the toxigenic activities of the strain are related to the clinical severity of the lesion. If, however, strains are examined from chronic sepsis, such as sinuses or necrotic bone, this relationship no longer holds true. Lack and Wailling (1955) found 18.5 per cent. of their osteomyelitis strains to be devoid of α-toxin, since a high proportion were isolated from sinuses and post-operative wound infections. This is in agreement with the observations of Schwabacher, Cunliffe, Williams and Harper (1945) who found that 22 per cent. of strains isolated from "silent infections" were lacking in α-toxin.

As has already been mentioned, the degree of immunity of the host must modify infection with any given strain. One organism, kindly lent for testing by Dr. Worssam, had been isolated in blood culture on repeated occasions from a child who showed relatively little constitutional disturbance. Although coagulase positive, it was found to give only two flocculation lines, and to possess no detectable titre of α-toxin or hyaluronidase. All three mice survived the intraperitoneal test. This lends support to the present theories, but had the strain shown greater toxicity, an equally valid explanation would be that the patient had developed a high degree of immunity.

The present investigation certainly suggests that some assessment of toxicity can be made by examining strains which have been implanted by friction or minor trauma in previously healthy tissue. (Primary Sepsis.) However, it is known that even an organism of low toxicity is capable of initiating infection in devitalized tissue such as a burn or an operation wound. The examination, therefore, of a strain from a carrier site, with a view to assessing its disease-producing properties, can give no decisive answer. While in vitro tests may indicate a staphylococcus of low toxicity, such an organism may well cause widespread infection when the soil is suitable for its propagation.

The work that has been completed serves to emphasize the difficulties encountered when trying to correlate toxicity with virulence to man. However, the in vitro tests described seem to be a line of investigation well worth pursuing in view of the fact that staphylococcal infections remain widespread and antibiotic resistant strains continue to emerge with alarming rapidity.

I am indebted to Mr. C. E. Engel, F.R.P.S., F.Z.S., for the photograph reproduced in Fig. 1. Also my thanks are due to Mr. Patrick Clarkson, F.R.C.S., and the Casualty Officers for their assistance in collecting suitable strains and for access to their detailed clinical records.

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SCHOOL OF NURSING—PRIZE GIVING

The annual presentation of prizes and medals took place on Thursday, 29th September. The Physiology Theatre, kindly lent by Professor Spurrell, was filled to capacity. Lord Cunliffe, Chairman of the Board of Governors, presided and gave a short address of welcome. He read a telegram of greetings and good wishes from Sister Marion Stockdale, in Montreal at the beginning of her tour of hospitals and schools of nursing in Canada and the States.

The Sister Tutors gave a brief report of the work of the past year and Sister Saunders of the Evelina Hospital gave an account of a day in the children's ward with all its interests for patients and nurses.

The Matron then spoke of post-registration experience which Guy's nurses were gaining under the recent concessions of the General Nursing Council. For the Mental Register Guy's nurses (S.R.N.) can spend thirty-six weeks in York Clinic and the remainder of the eighteen months at Bexley Mental Hospital or at Holloway Sanatorium, Viginia Water. Similarly, after a reduced period of training at the Evelina Hospital, nurses may enter for the examination for the Sick Children's Register. Matron mentioned the responsible work which some of the experienced Guy's nurses are doing in different parts of the world, in health projects and in founding schools of nursing.

Mr. Blaikley, the acting Superintendent, fascinated his audience with a short account of the new Guy's for which plans had been submitted to the Minister during the past week. It is hoped that foundations will be laid in 1957.

The prizes and medals were then presented by Miss K. M. Westaway, M.A., D.Lit., former Headmistress of Bedford High School.

Medals and Prizes for the Year 1954-1955

Pharmacology

1st Prize	M. W. Jones	*2nd Prize*	J. K. Jarvis
	M. Street		A. Ashton
	E. Nichols		M. Fabling
	J. Grimsdale		G. Ryan

Surgery and Surgical Nursing

1st Prize	M. Street	*2nd Prize*	A. Cundy
	M. Fabling		K. Belton
	L. Stevenson		M. Rapley G. Ryan

Medicine and Medical Nursing

1st Prize	M. Rowland	*2nd Prize*	M. Hall
	P. Yelland		I. Sunderland
	E. Carlton		J. Collier

Special Diseases

1st Prize	P. Foster, B.Sc.	*2nd Prize*	M. Bell-Nicoll
	S. Blackden		R. M. Turner
	M. Ashworth		K. M. Mullins

Guy's Final Examination

1st Prize	J. Dolman	*2nd Prize*	J. Alexander
	M. Tetlow		N. Hudson
	J. Lipscombe		E. Howard-Allen J. Osborne
	P. Foster, B.Sc.		

Evelina Children's Hospital of Guy's Hospital.

Surgery and Surgical Nursing:		No Examination held in the past 12 months.
Special Diseases of Children:		J. M. Allen
Medicine and Medical Nursing:		E. Strain
Hospital Final Examination	*1st Prize*	A. R. Turner
	2nd Prize	N. Lilliott
Cazenove Medals:		
	Gold Medal	J. Rothery
	Silver Medal	P. Foster, B.Sc.
	Bronze Medal	J. Dolman

Butterworth Medals: Awarded after seven years' consecutive service to:

Sister E. R. Bailey
Sister M. A. Day
Sister E. B. Stebbing
Sister J. Thomas
Sister T. J. Wright

A copy of *The History of Guy's* was presented to Dr. Westaway on behalf of the nurses by Head Nurse Carlton, one of the four ex-pupils of Bedford High School now training at Guy's.

The address by Dr. Westaway followed. She said that it was the first time she had been in our famous Hospital but all her former pupils who had trained here considered it the only training school. Dr. Westaway described the statue of John Bunyan which stands in Bedford. She asked the nurses if they had read the famous *Pilgrim's Progress* since leaving school. It might be taken as a pattern for life today as much as it was two hundred years ago. She asked us if we had met Talkative, Obstinate, Prudence and Discretion, Miss Mistrust and Mr. Timorous and hoped that we had seldom been on the "Plain of Ease", as it is so much worse as we move from it.

Dr. Westaway told us that we should thank God every day that the nursing profession is not one whose main interest is in making money.

She gave a vivid description of incidents in the life of a District Nurse in the Yorkshire dales and hoped that in a few years time when the Guy's nurses present had scattered all over the world, some would decide to return to their parent Hospital and some would choose to be District Nurses in remote parts of Great Britain. Finally, the nurses were asked to read *Pilgrim's Progress* again and Dr. Westaway quoted some words of Interpretor's which are engraved on John Bunyan's statue:—

> "He had eyes lifted up to heaven, the best of books in his hand, the law of truth was written upon his lips, the world was behind his back, he stood as if he pleaded with men, and a crown of gold did hang over his head".

A vote of thanks was proposed by Nurse J. Rothery and seconded by Nurse P. Foster.

THE THEATRE CLUB

By T. W. HOSKINS

It might be thought that the foundation of the Guy's Theatre Club in 1945 was the birth of amateur drama in the Hospital. This is far from true, for "amateur theatricals" have played a vital part in Guy's life for many generations. The "Niggers" date from the last century and the first Residents' Play was in 1900: the former provided a concert-party type of entertainment in the wards (there were welcome signs of a revival last Christmas) and the latter is too well known to need description. The tradition of guying members of the staff (the pun, too, is of timeless antiquity) probably dates from long before the first public performance of residents' entertainments, which at one time included straight plays as well. There was also a decade of successful productions of Savoy operas before the war. Then, during the war, plays were produced by Guy's students at Tunbridge Wells and Farnborough, and this led to the formation of the Theatre Club when the Medical and Dental Schools returned to London. This, although only one development in the long story of Hospital entertainment, was nevertheless the first opportunity open to all members of the Hospital to take part in serious plays.

The first production of the newly constituted Club was *Rope*, a repeat of a taut performance which had already been well received at Tunbridge Wells. It is clear that the Theatre Club rapidly established itself as no ordinary amateur dramatic society. That the standard of performance and production in the early days was unusually high is shown by the almost embarrassed assertions of *Gazette* reviewers that their enthusiastic remarks sprang from genuine pleasure, and were not the usual flattering half-truths about their friends' unexpected tolerability on the stage. "That an amateur company should choose this play," wrote J.D.L.R., of the second production, *Night Must Fall*, "was boldness itself, but that they should make a success of it was brilliance". And after *French without Tears*, R.H.N.L. commented:

> *It is usually the amateurs who murder the comedies. What they did, instead, was to raise the loudest outbursts of laughter heard at Guy's in recent years, and leave behind them at the end (and this is a far more reliable indication of their worth) a fine impression of competent acting and producing which can rarely, if ever, have been surpassed in the Hospital before.*

French without Tears was followed by *Hay Fever*, but those who thought the Theatre Club was set for a long run of the *George and Margaret* type of play were duly confounded when the next production was announced. This was *Duke in Darkness* by Patrick Hamilton, a period play straight from a West End failure despite a brilliant professional cast. It gave the first big opportunity to the backstage staff, an opportunity to be welcomed in a well-equipped theatre, but not, one would have thought, in the scaffold-straddled Physiology Theatre. Nevertheless, the make-up, the setting, and the lighting and sound effects, producing among other things a most convincing thunderstorm, were by all accounts managed to perfection, and the cast deserved no less than the costumes from the ill-starred professional production to provide the last touch of elegance. This established a tradition for polished presentation which has remained one of the distinctions of the Club.

> *Mr. Tony Brewin* (wrote R.A.K.-E.) *has not only staged his best production to date, but he has reiterated the fact that we have in the Hospital to-day some actors of outstanding ability . . . The future is for the Club to decide, but if they can continue to put on such ambitious productions with such triumphant results, they can be certain of full houses whenever they appear, and in whatever places they see fit to perform.*

This performance excited the admiration of the author himself.

An enterprising policy, of course, carries its risks, and nobody would suggest that the Theatre Club has always been as successful as this. *Candida*, in 1949, is a case in point, for the cast had perhaps failed to appreciate that Shaw is even more difficult than it looks. As M.P. wrote,

> *"Candida" contains very little action and therefore relies for its success even more than most plays on the faithful representation of the emotional conflict between the poet, the clergyman and his wife—all idealists in their own different ways. Unfortunately, this production failed at times to bring out the subtleties of character in the leading parts.*

Perhaps this experience influenced the choice of *While the Sun Shines*, another good Rattigan comedy, which repeated the earlier success of *French without Tears*.

To the writer of this potted history of the Club, the only permanent record are the reviews in the *Gazette*, supplemented by the memory of helpful members whose experience goes back further. A review which is most entertaining in its own right is that of *On Monday Next*. It is an indictment of the majority of modern plays from the unmistakable pen of H.St.H.V.

> *These plays are not literary; they have no style; their dialogue is mere mimicry of the slipshod colloquial speech of our time. They are stripped bare of poetry and rhetoric; there are no warm sentiments to carry away in the heart; the romantic motif is rigidly excluded and there is seldom much of a story. The author may sometimes be a man of ideas, but more often he is not.*

The reviewer puts in a plea for the revival by the Theatre Club of "some really good material which has not become stale, say, *Friar Bacon and Friar Bungay*, or *The Maid's Tragedy*." With his evident dislike of the play, his praise of the performance is praise indeed:

> *The momentous question then has to be asked, "Did the members of the Theatre Club perform their parts so well that they contrived to infuse interest into this rather unpromising material?" Well, the answer is that they certainly did. A useful test is provided by the seat on which you are sitting in the Physiology Theatre: if you forget it, the test is positive. I forgot mine.*

If the next production, *Black Limelight*, was a good performance of an indifferent thriller, it is not unfair to say that *The Lady's not for Burning* was a misconceived performance of a scintillating—but very difficult—comedy. D.S-C. praised the ambition, imagination and versatility of the choice, but wrote that the cast rose to their task with inspired courage, but not with unqualified success. There were some good performances in minor roles but failure came rather from a fundamental misinterpretation of the key character than from technical incompetence.

To follow this with Anouilh's *Point of Departure* was perhaps the most daring action of a daring society: but it was planned as a tenth anniversary production which would gain strength from the presence of many expert founder-members both on the stage and in the wings. It was inevitable that its existentialist philosophy should divide opinions sharply, and on its success or otherwise it is not possible for the present writer to comment objectively, as he had the good fortune to be included in the cast. He can only hope, with all diffidence, that there was some measure of support for D. S-C.'s opinion that with this production the Theatre Club have achieved the singular distinction of coming of age on their 10th birthday.

It may be of interest, instead, to record an impression of production from the other side of the footlights: the dominant mood was one of almost fanatical enthusiasm for a play that, whatever its philosophy, was superb theatre. This resulted in a degree of teamwork without which the problems of interpretation and atmospheric effects, of concentrated rehearsal hours over which Hospital activities must take preference, and the inevitable mountain of technical snags, would certainly have overwhelmed the whole venture; as it was, it was a richly rewarding experience unparalleled in some years of acting with other amateur societies.

The most recent production was an amusing double bill: Rattigan's *Harlequinade* preceded a full-blooded rendering of the traditional melodrama *Maria Marten, or Murder in the Red Barn*, which invited and obtained the equally traditional audience response.

What of the future? We have seen that the Theatre Club has pursued a challenging programme for a decade and played a not inconsiderable part in the cultural life of the Hospital, a part which few could wish to be without. But for reasons which have not yet emerged here, it may be said to have reached the end of its first phase. Personalities have been studiously avoided in this article, but it must be accepted that the vital force which has propelled the Theatre Club forward has so far been provided in the main by the founder-members, who formed a nucleus which has only recently begun to disintegrate. Some have left the Hospital, others are tied down by the responsibilities of more senior positions, and in any case feel that the Club needs leadership from the present generation of students. What it needs, what any amateur dramatic society needs, is enthusiasts. There must be many theatre-lovers in the Hospital, including, we hope, some of those who have just joined it; and the Theatre Club has never been parsimonious about giving opportunities to the untried, so long as the impetus is there. Now is the time when new talent is badly needed; nobody would pretend that the way is easy, but the rewards can be inestimable.

Two problems facing any would-be producer are finance and the Physiology Theatre. Financially, the story is an all too familiar one. In 1945 the average cost of a production was £45; now it is £200. Whereas in the past the Club has made handsome donations to Hospital charities, it is now lucky if it does not lose money on a production. The main expenses, apart from royalties, are scenery and lighting equipment, which have to be hired. It should be possible to save in the long run by a capital outlay on the Club's own equipment, but a perplexing obstacle has been encountered. Even if the capital could be borrowed, it has so far proved impossible to find a satisfactory permanent storeroom in or near the Hospital. Meanwhile a producer might well consider the possibilities of working on a less elaborate lighting plot than we have been used to lately; exciting though it has been to see a battery of electrical apparatus on the Physiology Theatre, a real economy could be made in this direction with little real loss.

Secondly, the Physiology Theatre: before anything can be done there, an almost superhuman feat of engineering has to be performed to construct a proscenium and flies out of scaffolding. In the past there has been no lack of enthusiasm for this work, but new recruits are sorely needed. This again can only be effective as a labour of love. The Physiology Theatre makes a strange arena, with all the advantages and disadvantages of close intimacy between actors and audience. Its supreme asset is its position inside the Hospital, when audiences are so unenterprising that the effort of stepping outside the gates is too much for them. It may nevertheless become advisable to consider a hall outside Guy's—there are at least three not impossible ones in Southwark—for the effort of finding a backstage team willing to sacrifice time, ingenuity and energy on the Physiology Theatre can add cruelly to the burden of a producer.

The enumeration of these difficulties may be thought hardly to encourage new talent. But true dramatic endeavour is born of "two bare boards and a passion". If the passion is there the difficulties will be overcome. If it is not, then the Theatre Club has outlived its usefulness. A year ago Mr. Harold Hobson referred in his column in the *Sunday Times* to some remarks of Jean-Louis Barrault, which can perhaps sum up the lesson that the Theatre Club of the past ten years can pass on to those who will carry the torch in the future. They aroused controversy at the time, and will no doubt provoke strong dissent here, but their truth is inescapable.

> *Do what you want to in the theatre, says M. Barrault, no matter what the cost. To put on a play for any other reason except that you passionately like it is folly. If you put on plays for political or social reasons, or because they are the sort that people seem to like, or because of the season of the year—in spring people, it seems, prefer light pieces, and in winter serious—or to give a part to a gifted actor, or for any other reaon than that you want to put them on, because they express something real inside you—then you end up—these are M. Barrault's words—"knowing nothing about anything."*

Acknowledgments

I am deeply indebted to Mr. John Hayward, the Honorary Treasurer of the Theatre Club, for his help and encouragement; and to all those reviewers in the *Gazette* whose interest has played its part in the development of the Theatre Club, and whose remarks are reprinted without permission.

PRODUCTIONS

1945	*Rope* by Patrick Hamilton.
	Night must Fall by Emlyn Williams.
1946	*French without Tears* by Terence Rattigan.
	Hay Fever by Noel Coward.
1947	*Duke in Darkness* by Patrick Hamilton.
1948	*The Black Eye* by James Bridie.
1949	*Candida* by George Bernard Shaw.
1950	*While the Sun Shines* by Terence Rattigan.
	Dangerous Corner by J. B. Priestley.
1951	*The Constant Wife* by W. Somerset Maugham.
	On Monday Next by Philip King.
1952	*Black Limelight* by Gordon Sherry.
1954	*The Lady's not for Burning* by Christopher Fry.
	Point of Departure by Jean Anouilh.
	Harlequinade by Terence Rattigan, and *Maria Marten, or Murder in the Red Barn.*

GUY'S HOSPITAL THEATRE CLUB

The Annual General Meeting of The Guy's Hospital Theatre Club will be held at 4.30 p.m., on Monday, 17th October in the Physiology Theatre. It is hoped that all those interested in the Theatre Club will attend, as the next production will be discussed.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Bizarre in Medicine

SIR,—Mr. C. Worthy, a patient who, at the time of writing, is in *Addison* Ward and is something of a local historian, recently brought to my notice an interesting gravestone in the wall of Bermondsey Parish Church. It commemorates one Susanna Wood who died in 1810 at the age of 58 after a long illness.

Apparently during this illness "she was tapped 97 times and had 461 gallons of water taken from her without ever lamenting her case or fearing the operation". How she could stand such an enormous protein loss as this must have involved is, indeed, marvellous. Her husband, incidentally, lived to 108.

I hope that this may stimulate other readers to submit examples of the bizarre or unusual in medical cases as they form an amusing and interesting sideline to everyday medicine.

Yours, etc.,

T. R. CULLINAN.

10, Park Square West,
London, N.W.1.

Take-in Dressers and their Art

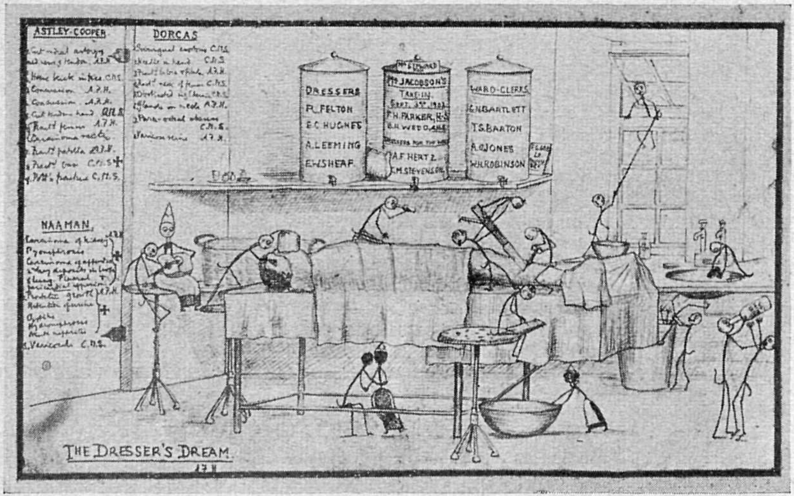
SIR,—You might find the enclosed photographs of interest to readers of the *Gazette*. I received the originals among various papers of my father and have had them photographed for reproduction. It will be seen that Sir Arthur Hurst was also no mean artist. The other picture was drawn for my father by Malcolm Osborne, a close friend of his, who subsequently was an R.A. and, I believe, President of the Society of Etchers.

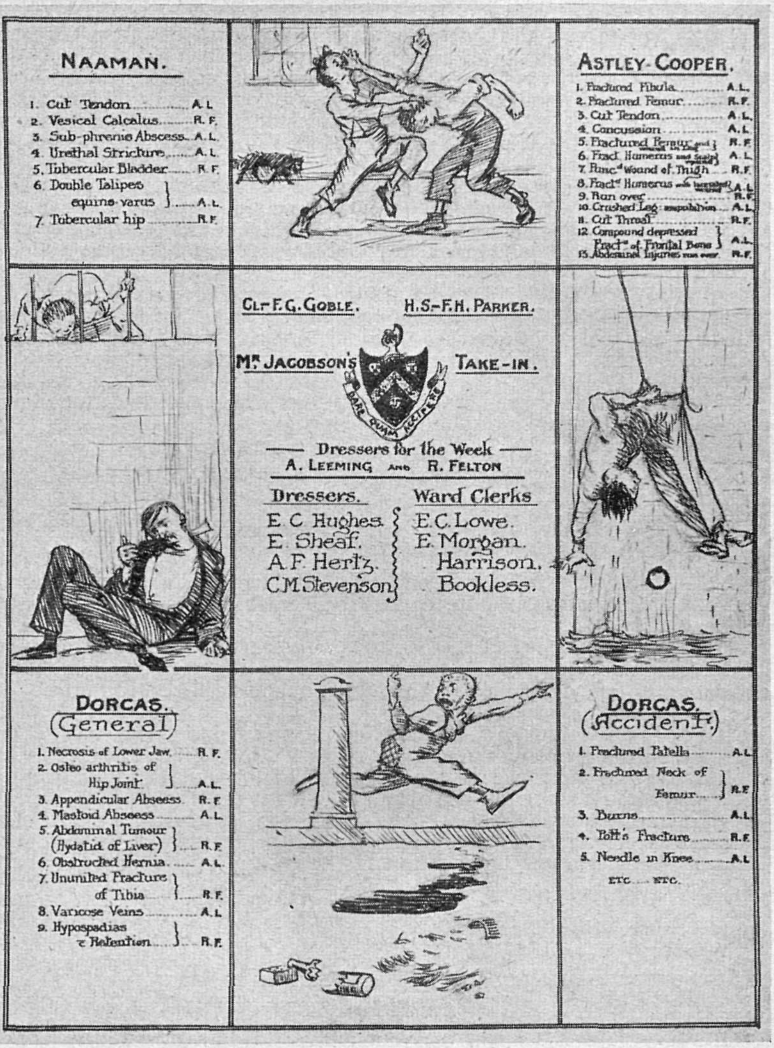
These illustrations were drawn in approximately 1903. It would be interesting to know whether it was the custom for the take-in dressers to produce a work of art such as these to illustrate their case and, if so, when this custom ceased, as it was certainly not done in my day.

Yours, etc.,

JOHN LEEMING.

415 Colonial Mutual Buildings,
330 West Street, Durban.


ASTLEY-COOPER
DORCAS
NAAMAN.
DRESSERS
P. FELTON
E.C. HUGHES
A. LEEMING
E.W. SHEAF
Mr. JACOBSON'S
TAKE-IN.
SEPT. 3rd 1903
F.H. PARKER, H.S.
W.H. WEDDALL
A.F. HERTZ
C.M. STEVENSON
WARD-CLERKS
G.N. BARTLETT
T.S. BARTON
A.O. JONES
W.H. ROBINSON
THE DRESSER'S DREAM.
A.F.H.


NAAMAN.
1. Cut Tendon .... A.L.
2. Vesical Calculus .... R.F.
3. Sub-phrenic Abscess .. A.L.
4. Urethal Stricture .... A.L.
5. Tubercular Bladder .... R.F.
6. Double Talipes equino-varus .... A.L.
7. Tubercular hip .... R.F.
ASTLEY-COOPER.
1. Fractured Fibula .... A.L.
2. Fractured Femur .... R.F.
3. Cut Tendon .... A.L.
4. Concussion .... A.L.
5. Fractured Femur and wound in leg .... R.F.
6. Fract. Humerus and scalp wound .... A.L.
7. Punc.d Wound of Thigh .... R.F.
8. Fract.d Humerus with lacerated wound .... A.L.
9. Run over .... R.F.
10. Crushed Leg: amputation .... A.L.
11. Cut Throat .... R.F.
12. Compound depressed Fract.re of Frontal Bone .... A.L.
13. Abdominal Injuries run over .... R.F.
CL.–F.G. GOBLE.
H.S.–F.H. PARKER.
MR. JACOBSON'S TAKE-IN.
DARE QUAM ACCIPERE
— Dressers for the Week —
A. LEEMING AND R. FELTON
Dressers.
E. C. Hughes.
E. Sheaf.
A. F. Hertz.
C. M. Stevenson
Ward Clerks
E. C. Lowe.
E. Morgan.
Harrison.
Bookless.
DORCAS. (General)
1. Necrosis of Lower Jaw .... R.F.
2. Osteo arthritis of Hip Joint .... A.L.
3. Appendicular Abscess .... R.F.
4. Mastoid Abscess .... A.L.
5. Abdominal Tumour (Hydatid of Liver) .... R.F.
6. Obstructed Hernia .... A.L.
7. Ununited Fracture of Tibia .... R.F.
8. Varicose Veins .... A.L.
9. Hypospadias c̄ Retention .... R.F.
DORCAS. (Accident.)
1. Fractured Patella .... A.L.
2. Fractured Neck of Femur .... R.F.
3. Burns .... A.L.
4. Pott's Fracture .... R.F.
5. Needle in Knee .... A.L.
ETC. .... ETC.

Hospitals' Symphony Orchestra.

SIR,—May I, through the courtesy of the *Gazette*, draw attention to the Hospitals' Symphony Orchestra. Rehearsals are being held this session on Monday evenings at 7.30 p.m., in St. Thomas' House, Westminster in preparation for a concert in the Royal College of Surgeons on 26th November. Works by Haydn, Verdi and Berlioz are to be performed, and Mr. Dennis Brain will play the solo part in a Strauss horn concerto.

There are vacancies in certain sections of the orchestra. I would be very pleased to give further details to any instrumentalists in Guy's who might be interested in an opportunity to play in this excellent orchestra.

Yours, etc.,

ALASDAIR KERR.

Department of Dental Medicine,
Guy's Hospital, London, S.E.1.

Nurses' Homes.

SIR,—I have taken a great interest in the correspondence concerning the constant chopping and changing of bedrooms among the nursing staff. When I was in training, in the nineteen-thirties, we accepted this as a necessity, but we resented very much the peremptory dealings with our personal belongings. To quote my own case—I contracted scarlet fever and was hustled off to the Park Hospital. My room was "packed up", as was usual, by one of the Assistant Home Sisters and my belongings banished to the basement of the Nurses' Home. I was absent for several weeks and when I collected my things from the dungeons found, to my dismay, that a large pile of theatre programmes, which were my pride and joy, was missing. Now these programmes meant a lot to me—I had collected them (I still do) from my school-days onwards and they were carefully arranged in order and dated.

After a good deal of delaying action I managed to track down the Sister responsible and I asked her where my programmes were. She looked me straight in the eye and told me it never occurred to her that I could want such a pile of rubbish, and added some futile remark about paying more attention to my lecture notes instead !

I hope that twenty years has produced a more tolerant attitude to the nurses' personal eccentricities.

Yours, etc.,

MARNY HALLAM.

Croft Hey,
Huyton Hey Road,
Huyton, Nr. Liverpool.

SIR,—At last the delights and comforts of the Nurses' Home are making news! Will the day come when they perhaps will reach the headlines and something be done?

We are so very tired of the perpetual crease at the hemline of our apparel caused by inadequate wardrobe space, necessitating a mad rush to join the never-ending queue for one of the few antiquities, optimistically called "irons"—all in an effort to remain elegantly clad.

Our "Mums" would be scandalized if they saw our weekly wash adorning every available piece of furniture in our respective rooms in a feeble effort to dry one's clothes. Oh to come off duty to cheerful surroundings, rather than to rest one's weary feet in a boudoir resembling a Holloway cell!

The Dark Ages still exists in some rooms—they have not seen a coat of paint for nearly a quarter of a century. As Guy's becomes home to girls from many different places, it would be so pleasant to have a few home comforts.

Yours, etc.,

FOUR S.R.N.'s.

Nurses' Home,
Guy's Hospital, London, S.E.1.

Arnold Bax Society

SIR,—I wonder if I might use your journal to draw attention to the above society which is in the process of formation. Interested readers may have already seen mention of it in the daily press. The object of the society is to perpetuate the memory of the late Sir Arnold Bax by ensuring that a number of his major works are permanently recorded. To do this, the gramophone companies must have some guarantee that the records will have a reasonable sale. The only condition of membership, therefore, is a promise to purchase one of the recorded works when available. The president of the society is Jean Sibelius, and as a result of representations, the B.B.C. have already agreed to broadcast the symphonies. Those interested should write to the secretary:

C. W. GILLAM, Esq.,
Downsview,
Kings Barn Lane,
Steyning, Sussex.

Yours, etc.,

KEVIN ANDERSON.

Department of Bacteriology,
Guy's Hospital, S.E.1.

Examiners—A Grouse

SIR,—I wonder what purpose is supposed to be served by rudeness on the part of examiners at *viva voce* examinations. In such circumstances sniggers seem to me to evidence a poorly developed sense of humour, and a pious aunt once told me that sneers are a bad business in *any* form of social intercourse. Neither are likely to be of much help to a candidate. Granted, I probably appear to be quite cretinous to an examiner, and I'm very sorry—but if I'm careful to observe the elementary decencies of debate, such as wearing my suit, putting out my pipe before entering the room and radiating good will to one and all, I don't expect to have to lope out fifteen minutes later wracked with impotent wrath, even though I haven't been able to add much to a first cheery "Good morning each".

I would suppose that a British University enjoyed the right to require of its examiners a reasonable degree of maturity, and that such would be, in any event a normal accomplishment of those who have obviously spent years of study in their chosen field. Be that as it may, the candidate certainly has the right to be examined by a gentleman.

The warnings I had received in the waiting-room about this particular examiner were abruptly justified as soon as he got at me, but his curious approach to his duties was in startling contrast to the courteous behaviour of his colleagues. I needn't add, of course, though I will, that he didn't come from Guy's.

Please withhold my name as I am

Yours, etc.,
"REFERRED".

Guy's Hospital,
London, S.E.1.

REVIEWS

Genital Prolapse and Allied Conditions. By PERCY MALPAS, Ch.M., F.R.C.S., F.R.C.O.G. 1955. Harvey and Blythe Ltd. 199 pages. *Price* 47*s*. 6*d*.

It has been a joy to read this book. Although there is nothing startlingly new stated, several aspects of the subject have been looked at from fresh viewpoints. The book covers more than the title suggests, for the author deals with rectal prolapse (as distinct from rectocele) more completely and usefully than one would expect, so that together with disturbances of micturition associated with genital prolapse the whole field of pelvic prolapse in the female is surveyed.

The instructive differentiation is made between uterovaginal prolapse and general prolapse. The former is the commoner, with the uterus elongated, the cystocele and rectocele present depending on the degree of stretch due to drag; it results from a weakening of the connective tissues fixing the supravaginal cervix and the lateral vaginal fornices to the levator ani muscle sheaths. A Manchester type of operation deals with this variety in an adequate manner. In general prolapse, the uterus is not elongated, there is a generalised herniation of all the pelvic viscera due to a relaxation of the pelvic floor particularly of the levator ani; it is only cured by a reconstitution of the pelvic diaphragm and to obtain the necessary exposure a vaginal hysterectomy may be necessary.

The historical background of the Manchester-Fothergill operation is mentioned in fair detail and is warranted as the procedure is the most important of the many operations performed for the cure of prolapse, although there are probably as many variations from the classical operation as there are gynæcologists, but the author wisely does not take sides in the discussion of the problem of priority in development. Surely it is sufficient to remember that both Fothergill and Donald developed the operation, that Fletcher Shaw's lecture popularised it in America, and that all three worked in Manchester.

The book is for gynæcologists and pelvic surgeons, to whom it is highly recommended. It is too specialised for the medical student and family doctor. A few minor criticisms may be mentioned; the photographs on pages 78 and 79 are not helpful and figure 5 is upside down in relation to figures 6, 7 and 8. In discussing episiotomy, the author prefers a median rather than a lateral incision and condemns the bi-lateral episiotomy; but why no mention of the medio-lateral or "S" shaped incision, surely the safest? Not all gynæcologists will agree that a ring watch-spring type of pessary covered with hard rubber is the best, as a rigid ring pessary made of an inert plastic material causes practically no vaginal discharge and is cleaner and inoffensive without douching. J.S.T.

Oxygen Insufflation in Periodontal Diseases. By HAROLD K. BOX, D.D.S., PH.D. F.D.S.R.C.S.(Eng.). U.S.A.: Charles C. Thomas. Great Britain: Blackwell Scientific Publications. Pp. 94 + xi. *Price* 25*s.*

The Dunlop method of oxygen insufflation in the treatment of periodontal diseases was first presented in 1913 but so far has received little attention from the dental profession. Dr. Box is an enthusiastic advocate of this treatment and attempts to justify it on a theoretical basis. Thus over half the book deals with the nature and ætiology of periodontal diseases and the author's classification. The technique by which medical oxygen is passed through a mentho-borate solution and then blown into the gingival crevice or pocket through a fine nozzle is fully described. Experiments on sheep are reported in which the effects of insufflation of the periodontal tissues with oxygen and nitrogen are compared.

In support of his claims for the efficacy of the treatment the author has only clinical impressions to offer. An evaluation of the method based on controlled clinical experiments would be more convincing.

R.D.E.

Techniques in Clinical Chemistry. By FREDERICK N. BULLOCK, F.I.M.L.T., F.R.M.S., F.C.S. John Wright & Sons, Ltd. Bristol. 171 pages. *Price* 16*s.* 6*d.*

Most clinical pathologists, if they are honest, will gladly acknowledge the debt they owe to their senior technicians, especially during their years of training, for providing a sound basis upon which the pathologist's technical knowledge can be built. This book is written by a senior technician at the University College of the West Indies, and your reviewer opened it in the lively hope that in its pages he would find many of the technical 'wrinkles' which can make the life of one working in a busy department so much easier. It is a matter of real concern to him that he must say he was disappointed. Apart from the first two chapters on Fundamentals and Preliminary Preparation this book has nothing to recommend it either to the student technicians for whom it is intended or to medical students. While the description given of the various techniques is unexceptionable, the techniques described illustrate as the author admits in the preface his 'personal preferences'. It is unfortunate that he appears to favour so much that is, if not actually out of date, gradually passing unlamented from the practice of most routine departments. There is only space to refer to a few examples. There is no mention of flame photometry at all; the introduction to the description of the technique of plasma protein estimation ignores all the careful work which has been done on the electrophoretic homogeniety of protein fractions obtained by salting out; in the section on fæcal fat estimation no reference is made to the importance of the fat balance and the comparative uselessness of the estimation of fæcal fat excretion on an isolated 24-hour sample; cobalt sulphate solution is recommended as an artificial standard for the diazotizing technique for the estimation of serum bilirubin, whereas it has been shown that the absorption curve of methyl red much more closely approximates to that of diazotized bilirubin and explicit instructions have been published for a technique using this dye as an artificial standard for this estimation; most extraordinary of all is the author's rejection of photoelectric in favour of visual colorimetry, which, however well based on experience his opinion may be, is particularly unfortunate for the technicians who read his book, since nearly all laboratories nowadays use the photoelectric colorimeter exclusively. But distressing as these statements are, they are not so grossly misleading as those on Interpretation which are to be found after each technical description, and which are too numerous to notice in a short review. There is some useful information in the appendix which is not usually included in a book of this type.

W.H.H.M.

Materia Medica for Nurses. By W. GORDON SEARS, M.D. Third Edition, 1955. Arnold Ltd. *Price* 9*s.*

This is a new edition of a well known textbook which has been completely revised and brought up to date. It is very well produced, with better paper and clearer type than the previous edition. Unfortunately one error in type remains unaltered, viz., atropine appears to be listed as a parasympathetic stimulant, and this was found confusing by nurses using the previous edition. Apart from this it is a very good textbook for the student nurse and can certainly be recommended to her.

B.B.W.

Medicine in its Human Setting. By A. E. Clark-Kennedy, M.D., F.R.C.P. Faber & Faber. *Price* 13*s*. 6*d*.

There has, of late, been a noticeable attempt on the part of the medical profession to bring some of the problems of diagnosis and treatment broadly before the ordinary man. I stress the words "on the part of the medical profession" because in the years since the war there have been certain deplorable excursions by popular magazines over the fringes of the treatment of disease—notably 'cancer'—which have brought little credit to responsible journalism and unnecessary distress to disillusioned sufferers. This book is in a different category. Dr. Clark-Kennedy had written a series of 'Clinical Stories for Students, Nurses and Practitioners'. I have seen it too often in lay hands to doubt that it will be widely read by the layman also—as it should be.

The conversational style of these stories makes them easy reading. The clinical features of a number of common diseases are described in a simple way which I think comes off better in some chapters than others. For instance, while the dialogue in the chapter *Early Handicap* (*Acute Rheumatism*) is forced, the interchanges between Sir Samuel Slowly and Mr. Constant Cutter in the chapter on *Elderly Unfitness* are amusing and instructive as to the (somewhat overplayed) roles of physician and surgeon, and Dr. Clark-Kennedy's Dickensian choice of names is in itself bound to emphasize the difference of approach:—

(Cutter) "That patient of yours, Mumble, died. Ulceration of a main artery in the base of a very chronic ulcer. I wonder if Sparks was right. Had it ever healed up?"

(Slowly) "I doubt it. You ought to have operated last night."

"The risk was too great. You should have let me operate two years ago."

"He might have died then."

"I don't think he would."

"Anyhow, he had two more years of reasonable life," said Sir Samuel. "But we shall never know which of us was right." The innuendo here which backs the word 'reasonable'! And of course Sir Samuel was as certain as could be who was right!

There are a few small discordancies. For instance, I shall never concede that Wenceslas looked out on snow that was 'smooth and crisp and even' (p. 45). I stand by ' deep '. Nor do I imagine for one moment that so urbane and cultivated a soldier as Major-General William Blood ("aged seventy-two and of the Guards, retired") would have spelled his favourite cigar as a "Havannah" (p. 50). I trust that I should not have had the temerity to conduct a domiciliary labour with the *aplomb* of a Dr. Fetchquick. His vaginal examination at 10 p.m., revealed a fully dilated os and "a normal occipito-posterior position". What did the doctor do? He "settled down for the night and, when not wanted upstairs, sat by the fire with Sir Edgar in the gun room." (p. 140). This explosive situation might well be amended in subsequent editions.

For subsequent editions there assuredly will be. This is a first rate book for students. Each chapter is a little lecture in itself but so readable that one regrets coming to the last page. In particular that on *Two sorts of Coma* is a very clear introduction to one of the most alarming and urgent problems of general medicine—the unconscious patient. There is a wealth of warm sympathy in the description of incurable diseases; indeed the whole book is filled with that subtle understanding of human frailties which marks the true physician.

Every medical student and nurse should read this book: it will help greatly in the recognition of common diseases. I hope many non-medical people will read it also, for a doctor's problems are still insufficiently appreciated in a "damages-conscious" age.

E.E.D.T.

Hey Groves' Synopsis of Surgery. Edited by Sir Cecil Wakeley, Bt., K.B.E., C.B., D.Sc., F.R.C.S. Fourteenth Edition. John Wright & Sons, 1954. *Price* 30*s*.

The fact that this book has reached its fourteenth edition gives most adequate proof of the amount of useful information that it contains. Indeed, one might say that its hallowed air of age indicates its principal fault for, despite pruning by the Editor, there remain a few archaic terms, old-fashioned illustrations and out of date terminologies. These defects are mentioned at the beginning for when they have been discussed all else must be praise. The amount of information contained in the book is enormous and the candidate revising for qualifying or higher examinations will find most of what he needs to know about general surgical diagnosis and treatment. It is a splendid book for the practitioner who wishes to own a work of rapid surgical reference.

Perhaps, in the next edition the section on surface markings might be in time to celebrate the silver jubilee of the current anatomical nomenclature. Textbooks published in 1954 should not still talk of the musculospiral and anterior crural nerves or of the pudic artery. The illustrations are few in number and some of them so small and poor as to be of little help to the reader, for instance that of a perforating ulcer of the foot. Conversely, nearly a whole page is given up to quite a good illustration showing the technique of placing radium needles in the breast for the irradiation of carcinomata. As this technique is now virtually abandoned, the page might be put to better use.

P.S.B.

Postgraduate Obstetrics and Gynæcology. By F. J. BROWNE, M.D., F.R.C.S.E,. F.R.C.O.G. and J. C. MCCLURE BROWNE, M.B., F.R.C.S.E., F.R.C.O.G. Butterworth & Co. Ltd. 688 pages. *Price* 70*s*.

All postgraduate students of obstetrics and gynæcology will welcome the new edition of this famous book.

The chapters were originally based upon a series of lectures given by Professor F. J. Browne to doctors who were intending to specialize in obstetrics and gynæcology, and the work is a reflection of his lifetime experience and of current thought and practice. Many important subjects have been omitted but these are satisfactorily covered by his companion volume "Antenatal and Postnatal Care", and by textbooks on operative technique.

The text has been completely revised and brought up to date and four new chapters on Infertility, Pain in Gynæcology, Afibrinogenæmia and Circulatory Changes in Pregnancy have been added.

There is perhaps more disagreement on clinical problems in obstetrics than in any other branch of medicine but here is an authority whose teachings have been widely accepted and whose arguments are thoroughly supported. Difficult and debatable subjects such as the ætiology of pre-eclampsia and the management of the third stage of labour have been dealt with effectively and lucidly and the task of the examinee has been greatly simplified.

The quality of the paper have been improved and the arrangement of the text has been carefully planned with numerous subtitles. Each chapter is provided with a full list of references for further reading.

This book must certainly be closely studied by all who are preparing for postgraduate diplomas in obstetrics and gynæcology and there is much the general practitioner will find of interest and of inspiration.

J.M.H.

Textbook of Gynæcology. By J. H. PEEL, M.A., B.M., B.Ch.(Oxon), F.R.C.S., F.R.C.O.G. Fourth Edition. 1955. Wm. Heinemann Ltd. *Price* 27*s*. 6*d*.

This textbook is deservedly popular with those enlightened students who prefer a full but pertinent account to a dogmatic and incomplete synopsis. The subject is well presented, and the text is intermittently well written, very fully illustrated, and has a good index.

The new edition is little altered from the 1950 3rd edition. The main feature is a new set of drawings of gynæcological operations by Mr. R. N. Lane. These are on the whole an improvement on the old ones, they are more realistic, neater and generally as clear, but it is a pity that the old captions were not retained, for the new ones are often inadequate. The illustration of the modified Gillam's ventro-suspension, though the draftsmanship is better, is decidely less clear than that in the third edition. Dr. E. W. H. Shawcross contributes a short chapter on X-rays, which, apart from some inexplicable difficulty with the singular and plural of the verb to be, is excellent.

As the author points out in his preface, gynæcology has changed little in the last five years, so that an important function of a new edition is the correction of such minor defects as misprints and muddled writing. In this respect Mr. Peel falls short, and his claim of "careful revision of the text" does not stand up to close inspection. He would do well to start compiling a list of corrections for the 5th edition. To get it under way, he might look at p. 203 ("meth-hæomoglobin"!) and p. 214, where he will find "This enlargement may be a uniform" and "extra uterine thickening" (very different from "extra-uterine" which is intended). These may seem quibbles, but it should not be difficult to find fifty such minor irritations, and their correction would increase confidence in a useful textbook.

T.W.H.

SPORT

ASSOCIATION FOOTBALL

Guy's *v.* Lensbury

At H.O.P., on 1st October

Result: Guy's 5 Lensbury 1

Under perfect conditions Guy's with a steady defence and fast moving forwards were easy winners.

Lensbury kicked off and at first play was even. After fifteen minutes a long crossfield pass 'rom Cornhill to Humphreys enabled the latter to score with a finely angled cross shot. After this Guy's were well on top, but Lensbury equalised when their centre forward ran through to score with a solo effort. Before half-time however Watmore scored for Guy's after he and Cornhill had worked their way from the half way line with clever interpassing.

At the beginning of the second half Guy's were well on top and Humphreys scored again. Forman went close to scoring twice with shots which scraped the crossbar before Watmore after resisting challenges from several defenders. Lensbury almost scored immediately from the restart but Lewis managed to smother the shot. Watmore then added a fifth goal but after this Lensbury got on top and for the last twenty minutes play was confined to the Guy's half. Lewis made several brilliant saves in this period and but for him Lensbury might well have scored two or three more goals.

Team: Lewis; Jones, Beavis; Dearlove (capt.), Sutton, Flanning; Forman, Cornhill, Watmore, O'Sullivan, Humphreys.

Guy's *v.* Ibis

Away on 8th October

Result: Guy's 0, Ibis 0

A draw was a fair result of a fast and exciting game in which, however, there was little good football. Play was mainly confined to mid-field and neither goal-keeper had much work to do.

Ibis were a fast, hard-tackling side and their close marking did not give the Guy's forwards much room to manoeuvre. On the other hand the Guy's defence confined play to the wings and the Ibis forwards rarely got the chance of shooting for goal. The few chances the forwards got of scoring were wasted, and this is particularly true of Guy's in the first half when several chances were lost through ill-judged shots which went well clear of the goal. In the second half goal-scoring efforts consisted of long range shots with which both goalkeepers dealt easily.

The Guy's defence played solidly but the forward line, by unimaginative positioning, allowed itself to be split into ineffective units.

Team: Lewis; Missen, Knight; Cornford, Sutton, Dearlove; Forman, Cornhill, O'Sullivan, Maggs (capt.), Humphreys.

HOCKEY

Guy's *v.* South Saxons

Lost 2-3. Away

Saturday, 8th October

Following the custom of recent years, Guy's opened their hockey season by playing against their old friends the South Saxons, at Hastings. Once again our hosts provided a splendid pitch, and this, combined with ideal weather, gave the perfect setting for the contest.

The Hospital side included two freshmen in D. Pickering at left wing and S. Brook at right back, while M. M. Morgan took up the berth at right half with M. Woodman and M. H. Cox filling the vacancies at inside right and right wing respectively.

Soon after the game started it was obvious that Guy's were far from being fit, with perhaps two notable exceptions, whereas the South Saxons, having already played two games, were a reasonable combination. The Hospital defence was slack with marking, which allowed many nerve racking penetrations by our opponent's forward line. The forwards lacked cohesion, but sporadically moved about quite well. Thus by half-time the Saxons had established a 2-0 lead, although Guy's had had several opportunites of scoring, including one short corner.

As the first half proceeded, it became clear that Morgan was doing more than his expected share in keeping our opponents at bay and his fitness and zest saved us on numerous occasions. Knapman was improving the whole time, but was still below his high standard of last season. With the introduction of the second half, Millar broke away from the centre bully and scored from a gentle, bouncing shot. This seemed to inspire Guy's so that it was a sad blow when Millar had to leave the field with a twisted knee. However, this further stimulus to the remaining ten, resulted in Cox following up a timely centre to score a fine goal, putting both sides on equal terms.

Presently Millar returned to play at right half, Morgan moving to centre forward. The Hospital were now striving hard to keep the Saxons at bay and indeed they gradually attained the upper hand and were soon pressing hard for the winning goal.

Unfortunately a short corner about three minutes from time, presented the opposition with the deciding goal and thus the result was reached.

Pickering showed promise on the left wing, but Brook at full back lacked quite enough determination although he shows signs of being useful when he gets used to this class of hockey. Elsdon-Dew discovered some phenomenal energy from somewhere and was a tower of strength when he settled down to his position; however, even his exuberance was wearing out in the final minutes.

The forwards, as a unit, were perhaps a little slow at times, but they certainly moved much better towards the end, with Cox an ever tireless worker.

Team: N. Clark; S. Brook, H. M. Tuddenham; M. N. Morgan, W. R. Knapman, R. W. Elsdon-Dew; M. H. Cox, M. J. Woodman, J. I. Millar, R. R. Paul, D. Pickering.

Guy's 2nd XI *v.* South Saxons 2nd XI

Won 3-1. Away.

MOTORING

The 1955-56 Season opens with a Treasure Hunt on Saturday, 29th October. The event, about 60 miles in length, will not call for high speeds or intricate navigation and starts at 5 p.m. in the Hospital Car Park.

All types of motorised vehicles are suitable and bonus marks will be awarded for every lady member of the crew. The Regulations will appear on the Club's notice board in the Colonnade. The finish is at "The Bridge Hotel", Greenford, where the trophies, including a special award for Freshers, will be presented.

Entry fees are 5*s.* for cars and 2*s.* 6*d.* for motor cycles (2*s.* 6*d.* extra if received after 26th October) and can be given to J. Neave, G. Stewart-Ross, or any other member of the Committee.

GUY'S HOSPITAL MEDICAL AND DENTAL SCHOOLS

ENTRY OF NEW STUDENTS—OCTOBER, 1955

MEDICAL STUDENTS

1st YEAR STUDENTS

Allsopp, Kathleen M.	Perse School, Cambridge
Barker, J. P.	Ilford County High School
Barrett, C. G.	Ewell Technical College
Barwell, N. J.	St. Albans School
Bell, M. S.	Brighton College
Bird, C. G.	Merchant Taylors'
Bonnard, Mavis A.	Ursuline Convent School, Wimbledon
Brook, S. S.	St. Lawrence College
Cave, Penelope J. E.	St. Leonards School
Conn, G. E.	St. Paul's
Crossley, J. N.	Hulme Grammar Oldham
Curtis, P.	Shrewsbury
Daniel, D. G.	Aberaeron County School
Dodds, B. M.	Felsted
Doust, P. J.	Rye Grammar School
English, T. A.	Hilton College
Everard, C. V.	Bradfield College
Forsythe, J. M.	*Repton*
French, D. D.	Stonyhurst
Goodwin, S. A.	Epsom College
Gordon, G. R.	Sevenoaks School
Gould, I. C.	Epsom
Grime, J. H.	Ardingly College
Hall, D. L.	Marlborough
Hammond Doutré, G. I.	St. Bartholomew's Grammar School, Newbury
Harding, J. C.	King's, Canterbury
Haynes, S.	St. John's, Leatherhead
Holman, Tessa	Wycombe Abbey
Hughes, C. J.	Douai School
Kenshole, Anne B.	Blackheath High School
Key, Penelope J.	Stover School, Newton Abbot
Khorram, P. I.	Bishops Stortford
King, R. M.	Worksop College
King, S. J. L.	St. Paul's School
Lachlan, Heather	Folkestone Grammar School
Lake, M. A. F.	Kingston Grammar
Leigh, Rita F.	Holt Hill Convent, Birkenhead
Li Saw Hee, L. M.	Bhujoharry College, Mauritius
Mackeith, Mary B.	Godolphin
Maher, Micheline M.	Poles Convent, Ware
Maile, J. K. C.	Dulwich
Miller, Doreen M.	St. George's School for Girls, Edinburgh
Moss, R. W.	Bedford
Nicklin, P. J.	Epsom College
Norton, Rosemary R.	Commonweal Lodge, Purley
Oliver, J. E.	Felsted School
Pearson, J. R.	Dulwich
Peatfield, B. J. D.	Goring Hall School
Pietroni, M. C.	The English School, Nicosia
Pryse Phillips, W. E. M.	Bradfield College
Randall, P. D.	Brentwood
Scott, J. H.	Bryanston
Simpson, J. M.	Taunton
Smith, D. T. M.	Devonport High School
Stanbridge, T. N.	Robert Richardson Grammar School
Staz, A. P.	Damelin College, Johannesburg Rhodes University
Steyn, M. D.	Taunton
Tanner, R.	Bedford Modern School
Thurston, J. G. B.	Haileybury and I.S.C.
Trayling, A. P. A.	University College School
Turner, C. I.	Epsom
Wandless, Jillian M.	Malvern Girls' School
Williams, G. P.	Coventry Technical Secondary School
Wilmshurst, C. C.	Bromley County Grammar
Young, E.	Christ's Hospital

2nd YEAR STUDENTS

Adalja, J. K.	Taunton School
Batten, B.	Bishop Wordsworth's School, Salisbury
Brewer, J. S.	Mercers' School
Brewer, P. J.	Exeter School
Coleman, G. P.	Southall Grammar School
Cooper, A. S.	Dulwich
Davies, H. R.	Cotham Grammar School, Bristol
Devereux, M. H.	Wyggeston Grammar School, Leicester
Dobson, P. G. J.	Palmer's School, Grays, Essex
Ephson, P. M. J.	University College of the Gold Coast
Farrar, M. D.	Stamford School
Forster, R. A.	Epsom
Hallpike, J. F.	Epsom
Harvey, D. R.	Dulwich
Hawker, Judith M.	St. Paul's
Horner, A. S.	Marlborough
Jamieson, C. W.	Dulwich

Kerr, Heather S.	Bromley High School
Korvin, C. C.	Peter Symonds School, Winchester
Macrae, I. F.	Merchant Taylors'
Mansfield, J. R.	Slough Grammar School
Martin, A.	Featherstone Secondary *School, Southall*
Murray, J. F.	St. Joseph's College, Norwood
Mustaffah, J. F. O. A. I.	University College of the Gold Coast
Ogg, C. S.	Maidenhead County School
Patient, S. M.	Brighton College
Pickering, D.	Dulwich
Rew, R. J.	St. Bees
Tombleson, P. M. J.	Aldenham
Vernon, P. L. H.	Dulwich College
Wiseman, Ann J.	North London Collegiate School
Young, S. McHardy	St. Paul's

CLINICAL

Name	*College*
Brooke, M. H.	Worksop College and Trinity College, Cambridge
Brooks, E. P.	Lewis School, Pengam, and St. Catharine's College, Cambridge
Brough, F. T.	Rossall School and Emmanuel College, Cambridge
Callum, W. D.	St. John's School, Leatherhead and Trinity College, Cambridge
Christie, I. G.	St. Paul's and Corpus Christi College, Cambridge
Clements, P. W.	Marlborough and Trinity College, Cambridge
Colebrook, M.	Brighton College and Emmanuel College, Cambridge
Davies, G. M.	Dulwich and Emmanuel College, Cambridge
Dodd, J.	Leighton Park, Reading and St. Edmund Hall, Oxford
Edbrooke, D. R.	Haileybury and I.S.C., and Clare College, Cambridge
Farmer, J.	The Leys School and Peterhouse College, Cambridge
Feneley, R. C. L.	Clifton College and Corpus Christi College, Cambridge
Johnston, I. N. L.	Wallasey Grammar and Emmanuel College, Cambridge
Kenyon, A.	Royal Grammar School, High Wycombe and Jesus College, Cambridge
Kwasny, L.	Polish Cadets School and Fitzwilliam House, Cambridge
Maddox, C. McL.	Gresham's Holt and Corpus Christi College, Cambridge
Muir, I. S.	Oundle and Corpus Christi College, Cambridge
Olafimihan, K. A.	University College, Ibadan, Nigeria
Powell, J. N.	Epsom College and Clare College, Cambridge
Read, R. J.	Cambridge High School and Christ's College, Cambridge
Richards, A. B.	Oundle and Trinity College, Cambridge
Richards, D. J.	King Edward VI School, Lichfield and Jesus College, Cambridge
Taylor, A. J.	King's School, Canterbury and Christ's College, Cambridge
Whimster, W. F.	Sedbergh and Queen's College, Cambridge

DENTAL STUDENTS

1st YEAR B.D.S. STUDENTS

Name	*School*
Balfe, J. P.	St. Benedict's School, London
Barnes, R. J. M.	Harrow
Buirski, A. P.	University of Stellenbosch, South Africa
Coker, I. F. G.	Palmer's School, Grays,
Crocker, S. C.	Wimbledon College
Cutress, T. W.	Plaistow County Grammar School
Faith, Jeanne H.	Northampton Grammar School for Girls
Fatharly, M. J.	St. Albans
Fuller, R. H. C.	Hurstpierpoint College,
Gamble, Mary P.	Loreto College, Llandudno
Graham, A.	Reading School
Hayman, R. E. C.	Cranbrook
Helmer, T.	Beckenham and Penge Grammar School for Boys
Heesom, T. M. A.	Marlborough College
Hirschmann, P. N.	Sevenoaks
James, J. D.	Ystalyfera Grammar
Kessel, L. J.	Highgate School
Lamb, C. E. M.	Repton
Lamb, W. T.	King's School, Canterbury, Kent
Little, J. W.	Brighton College
Maberley, M. L.	Mitcham County Grammar School for Boys
Parratt, A. J.	Edmonton County School, Enfield
Preston, R.	Ampleforth College
Prichard, A. C.	King Henry VIII School, Coventry
Rose, R. J.	Epsom
Ryder, Patricia	Berkhamsted School for Girls
Salter, J. R	Thornton Grammar School, Bradford
Scotrick, Pauline	Wycombe Abbey
Scouller, A. J.	John Fisher School, Purley
Simons, A. J.	Highgate
Stone, D. G.	Charterhouse
Tomalin, R.	Queen Elizabeth's Grammar School, Barnet

PRE-MEDICAL ENTRY

Name	*School*
Adamson, S. G.	Denstone College
Banks, A. H.	Potchefstroom High School, South Africa
Browne, E. W. H.	Harvey Grammar School, Folkestone
Bussell, S. N.	Ealing College
Clark, J. D.	Kingston Grammar School
Eade, R. F.	St. George's School, Tunbridge Wells
Gardener, M. B.	King's, Canterbury
Golder, J. A.	Brighton
McAleer, C. J.	Beaumont
Lyckander, G.	Hegdehaugen Skole, Oslo, Norway
Mummery, R. H.	Seaford College
Overington, M.	Christ's College, Finchley
Sutcliffe, K. A.	St. Edmund's School, Canterbury
Skinner, A. D.	St. John's College, Johannesburg, South Africa
Taylor, J. D	Canford

2nd YEAR L.D.S. STUDENTS

Name	*School*
Bullock, C. W. V.	St. Bartholomew's Grammar School, Newbury
Chipping, N. J.	Loughborough Grammar School
Davies, P. G.	Kingswood School, Bath
Downing, M. J.	Stowe
Evers, J. R. A. S.	Loretto
Fox, G. A.	St. Olave's Grammar School
Gordon, C. G.	Hurstpierpoint
Hall, T. J. C.	Bishop's Stortford
Hill, P. J.	Plympton Grammar School
Jackson, Josephine Hilary	Godolphin and Latymer School
Lane, R. E.	St. Andrew's College, Grahamstown, South Africa
Morse, P. H.	Finchley Grammar School
Phelps, L. G.	Wycliffe College
Ransome-Wallis, Jill	Fosse Bank School for Girls, Tonbridge
Richards, K. G.	Cardiff High School
Richmond, R. S.	Leighton Park School, Reading
Robertson, K. A.	Cranbrook
Rudge, M.	Clay Cross Tupton Hall Grammar School, Derbyshire
Wallace, T. J.	King's School, Rochester
Ward, G. R.	Salesian College, Farnborough
Wu, Y. C.	St. Joseph's College, Hong Kong

2nd YEAR B.D.S. STUDENTS

Name	*School*
Bain, Roslyn	Ladies' College, Cheltenham
Bason, J. H.	Northampton Grammar School
Butwick, Daphne	Chislehurst and Sidcup County Grammar School for Girls
Clapham, Lina	Cheltenham Ladies' College
Dean, P. R.	Tollington Grammar School
Dowell, T. B.	Bootham School, York.
Edwards, G. M.	Richmond and East Sheen County Grammar School for Boys
Feakes, Ann	St. George's School, Broadstairs
Ford, M. A.	Wallington County Grammar School for Boys
Foster, B. A.	Repton
Gibb, D. H.	Cheltenham Grammar School
Hargraves, W. D.	King's School, Rochester
Hewitt, A. B.	Kettering Grammar School
Jones, E. D.	Sloane School, London
Keeble, G. B.	Dulwich
Kerr, P. J.	Tiffin Boys' School, Kingston
Lightfoot, M. J.	Colfe's Grammar School,
Lynch, A. R.	Christ's Hospital,
Parkman, Edna Margaret	St. Francis' School for Girls, Bexhill
Seaton, P.	William Ellis School, London
Warren, B. B.	Battersea Grammar School
Watson, R. M.	Brentwood
Webb, M. B.	King Edward's School, Birmingham
Welch, Elizabeth	Convent of the Sacred Heart, London
White, Sheila	St. Michael's School. Petworth

HOSPITAL INFORMATION

GUY'S HOSPITAL
HOUSE APPOINTMENTS

1st December, 1955

Applications are invited for the following House Appointments at Guy's Hospital, due to commence on 1st December, 1955:

Assistant House Surgeons (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.S. During the second three months of the appointment candidates will either move to the post of O.P.O. (Surgical) or will remain as A.H.S.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Assistant House Physicians (*Pre-Registration*) 3

The appointment will be for six months, the first three months to be spent as A.H.P. During the second three months of the appointment candidates will either move to the post of O.P.O. (Medical) or will remain as A.H.P.

These vacancies will normally be open only to Pre-Registration candidates applying for their first appointment and not to candidates seeking their second six months appointment.

Out-Patient Officers (*Pre-Registration*) .. 5

House Surgeons (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

House Physicians (1 *Pre-Registration*)
(1 *Pre- or Post-Registration*) 2

Resident Obstetrician (*Post-Registration*) .. 1
(*Commencing* 1.1.56)

House Surgeons in the Orthopædic Departments of Guy's Hospital and Orpington Hospital (*Pre- or Post-Registration*) .. 2

Throat and Ear House Surgeon 1
(*Pre-Registration*)
(3 months at Guy's Hospital followed by 3 months at Orpington Hospital).

N.B.—In future the duties of E.N.T. House Surgeon at Guy's will be combined with those of Ophthalmic House Surgeon. In the present instance the change will not take place until 18th January, 1956.

Dermatological House Physician 1
(*Post-Registration*) (*Commencing* 25.1.56).

Genito-Urinary House Surgeon 1
(*Pre- or Post-Registration*)

House Surgeon to the Thoracic Unit 1
(*Pre- or Post-Registration*)

Children's House Physician 1
(*Pre-Registration*)

Children's House Surgeon at the Evelina Hospital (*Pre-Registration*) 1

House Physician to the Department of Medicine and Resident Junior Clinical Pathologist (*Pre-Registration*) 1

House Physician in the York Clinic 1
(*Senior House Officer*)

Resident Anæsthetist (*Post-Registration*) .. 1
(*commencing* 7.1.56).

The Medical Committee will also consider applications for appointments at outer hospitals as follows:—

ORPINGTON HOSPITAL
House Surgeon (*Pre- or Post-Registration*) 1

JOYCE GREEN HOSPITAL, DARTFORD
House Physician (*Pre- or Post-Registration*) 1

ST. OLAVE'S HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

LEWISHAM HOSPITAL
House Surgeon (To Mr. Jemson) .. 1
(*Pre-Registration*)

ST. JOHN'S HOSPITAL, LEWISHAM
House Surgeon (*Post-Registration*) .. 1
(*For* 3 *months*)
House Physician (*Pre-Registration*) .. 1

PEMBURY HOSPITAL
House Surgeons (*Pre-Registration*) .. 2

QUEEN MARY'S HOSPITAL, SIDCUP
House Surgeon (*Pre-Registration*) .. 1

Applications, giving choice of post and choice of hospital in order of preference, should be lodged in the Superintendent's Office not later than **Tuesday, 1st November, 1955.** Candidates who apply for appointments at Guy's as Assistant House Surgeons, Assistant House Physicians, House Surgeons or House Physicians should indicate their preference for Firms.

NOTICE FOR PRE-REGISTRATION CANDIDATES

Pre-Registration Candidates are reminded that the number of posts available at Guy's is small compared with the number of students who are likely to qualify. Students applying for appointment at Guy's, therefore, are advised to consider applying for Pre-Registration posts elsewhere at the same time in order to avoid delay in obtaining a post. A number of recognised posts is available in the South-East Region. Details of posts in this region and elsewhere in the country are available in the Medical School Office.

Pre-Registration Candidates are also reminded that after completing six months in Medical or Surgical posts they must now apply for Surgical or Medical posts respectively. The post of R.O. will be regarded as a Surgical post only and not a Medical post.

NURSING NEWS

September

Entered: Sister Jowett, *Orpington.*
,, Godson, *Caleb.*
,, I. Palmer, *Victoria.*
S/N K. M. Hopkin
,, M. Evans
,, M. Cousin
,, S. Gilbert
,, A. Fisher
S/M J. Steverton
,, P. Burge
,, M. Oliver
,, T. Everett
,, A. P. Stockhansen

Sister Puddifoot transferred from *Orpington* to *Guy's.*

Sister D. C. Davies transferred from *Orpington* to *Guy's.*

Sister Stack left to be married.

Left: Sister B. Warne to commence Sister Tutors Course.
,, B. Stevenson
S/M I. Bracken.
S/N M. McNair.
,, S. Osborne.
,, E. Cummings
,, R. Leigh.

Evelina Hospital

Miss Barbara Craig who has been at the Hospital since 1949 and was most recently Night Sister, left on 1st October. She is leaving for Malaya later in the month.

Miss Barbara Cromwell-Wood, recently Sister *Rothschild* has been appointed Night Sister.

Miss S. Dodson has been appointed Sister *Rothschild.*

PASS LIST

UNIVERSITY OF OXFORD

Forensic Medicine and Public Health

D. C. S. Hutchison
D. R. Laney
D. A. Lillicrap
D. A. Wheelwright

Special and Clinical Pathology

F. P. Greenwell
D. C. S. Hutchison
D. R. Laney
D. A. Lillicrap
D. A. Wheelwright

UNIVERSITY OF LONDON

General Second Examination
for Medical Degrees

September, 1955

J. P. Lee-Potter
L. A. Lees

CONJOINT BOARD

L.R.C.P., M.R.C.S.

First Examination
September, 1955

Anatomy

D. M. Holmes
Margaret J. Roberts

Physiology

Margaret J. Roberts
J-P. C. Voos
J. T. Outred

Pharmacology

P. G. Benson
R. M. Clark
R. E. Clayton-Jones
C. D. W. Davies
P. S. Firth
J. B. Gornall
P. O. Lane
M. J. Lavine
J. I. Millar
B. R. P. Murray
P. C. C. Pitt
A. P. Redmond
F. N. Rigby
R. W. Salmon
I. D. Simpson
M. F. Terry
A. S. Vanar
K. A. Watmore
P. B. Whatmore

Pre-Medical Examination

September, 1955

Chemistry

M. J. Varney-Burch
A. E. Mbongo
R. H. Podd

Physics

D. G. Lloyd
A. E. Mbongo
F. P. Parisi
M. J. Varney-Burch
J. F. Welford

Elementary Biology

M. A. C. Archer
M. H. Craft
W. F. Pick
D. H. Wright

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

For Sale

DENTAL PRACTICE, Mumbles, Seaside town in Gower. Lucrative practice grossing £650 per month N.H.S. plus private work. Bookings well into 1956. Ultra modern surgery, equipment only 2 years old comprising sterling chair, unit, operating light, Siemens aerodont, Philips practax X-ray, Walton III gas machine. Highly trained nurse. Overheads low, security of tenure. A genuine sale for a genuine reason. Photographs available. Box No. 115.

MICROSCOPE £8. Tel.: Tudor 1727. Box No. 114.

MICROSCOPE in good condition. High and low power objective. Various eye-pieces. Fitted Box. Offers to Medical School Office.

SKULL and HALF SKELETON. Box No. 116.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—**Personal collection only**—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Wanted

PROFESSIONAL man working in London urgently requires Bed and Breakfast accommodation for 3 months. Guy's connection. Box No. 117. *Gazette* Office.

PARTNER young, keen for Conservative N.H.S. dental practice Nr. Nottingham. Free loan of one third share with option to purchase half share. Financial help with house-purchase once suitability and relative permanence assured. Send full details and copy of recent reference to Stanley C. J. Pink, Stratford House, Market St., Ilkeston, Derbys.

DENTAL ASSISTANT to manage progressive practice in South West. Opportunity of partnership or succession for the right man, if desired. Complete clinical freedom. Local amenities, riding, golf, sailing. Box No. 113.

MODERN Personal Weighing Machine. Bar Type. Rands, 67 High St., Saffron Walden.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Beccle, H. C. Schizophrenia. *Hospital and Social Service J.*, 1955, **65**, 955: 979.

Citron, K. M. Renal Impairment in Sarcoidosis with Special Reference to Nephrocalcinosis. *Postgrad. med. J.*, 1955, **31**, 516.

Engel, C. E. Some Future Developments in Medical Photography. *Brit. J. Photogr.*, 1955, **102**, 452.

Falconer, Murray. Discussion on Palliation in Cancer. *Proc. R. Soc. Med.*, 1955, **48**, 710.

McEvedy, B. V. The Result of Vagotomy and Gastroenterostomy after Three to Five Years. *Postgrad. med. J.*, 1955, **31**, 511.

Maile, W. B. D. and another. Routine Tomograms with Excretion Urography. *Brit. J. Radiol.*, 1954 (*June*).

Musgrove, Frank. Abdominal Total Hysterectomy. A New Technique: The Posterior Approach (Résumé). *Proc. R. Soc. Med.*, 1955, **48**, 692.

Ross, D. N. Surgery of Septal Defects: The Present Position. *Brit. med. Bull.*, 1955, **11**, 193.

Ross, D. N. Practical Applications of Hypothermia. *Brit. med. Bull.*, 1955, **11**, 226.

Shephard, R. J. The Immediate Metabolic Effects of Breathing Carbon Dioxide Mixtures. *J. Physiol.*, 1955, **129**, 393.

Shephard, R. J. Pneumotachographic Measurement of Breathing Capacity. *Thorax*, 1955, **10**, 258.

Smith, Angus. Muscle Relaxation in Surgery. *Postgrad. med. J.*, 1955, **31**, 440.

Smith, Eric and another. An Analytical Review of Spontaneous Haemopneumothorax. *Thorax*, 1955, **10**, 64.

Smith, Eric and another. Metastatic Acropachy in Lymphatic Leukaemia. *Blood*, 1955, **10**, 545.

Smith, Eric and others. Rarities in Ocular Sarcoidosis. *Brit. J. Ophthal.*, 1955, **39**, 416.

Stamm, T. T. Sacro-iliac Strain. *Brit. med. J.*, 1955, ~~i~~, 833. Lii

Stevenson, F. Harwood and others. The Effect of A.T.10 on Calcium and Phosphorus Metabolism in Resistant Rickets. *Clin. Sci.*, 1955, **14**, 489.

Williams, Arthur. Discussion: Dynamics of the Uterus and their Clinical Applications. *Proc. R. Soc. Med.*, 1955, **48**, 680.

Wyard, S. J. Radioactive—Source Corrections for Bremsstrahlung and Scatter. *Nucleonics*, 1955, **13**, 44.

CHANGES OF ADDRESS

A. I. Fram, M.B., B.S., 9 St. Helens Road, West Bridgford, Notts. (Tel.: Nottingham 23-1468).

K. A. Hillard, M.B., B.S., 10 College Crescent, Windsor, Berks. (Tel.: Windsor 1412).

C. L. Joiner, M.D., M.R.C.P., 35 Rex Avenue, Philadelphia 18, Pennsylvania, U.S.A.

B. W. Pett, B.D.S., L.D.S.R.C.S., from 10 The Drive, Hove to 8 Lower Sloane Street, London, S.W.1. (Tel.: Sloane 2500 and 8414).

I. Rocker, M.B., B.S., M.R.C.O.G., Department of Obstetrics and Gynæcology, Cardiff Royal Infirmary, Newpond Road, Cardiff, Glam.

BIRTHS

BAMFORD.—On 7th September, 1955, at St. Annes, Perth, West Australia, to Jean, wife of J. A. C. Bamford, M.B., B.Ch., D.R.C.O.G., a son (Peter William), a brother for Janice and Valerie.

DENNY.—On 16th September, 1955, at 51 Chippingfield, Harlow, Essex, to Pauline (née McEntegart, S.R.N., S.C.M.), wife of Dr. D. F. Denny, a son (Paul Christopher), a brother for Michael, Mary and John.

GREENBERG.—On 29th September, 1955, at Rush Green Hospital, Romford, to Leila (née Gordon), wife of R. C. Greenberg, M.B., B.S., D.P.H., a second son (Roger Keith).

MORSMAN.—On 24th September, 1955, at Nuffield House, to Audrey (née Phillips), wife of Raymond A. Morsman, B.D.S., a son (Mark David), a brother for John.

MARRIAGES

COWLEY—KIME.—On 1st October, 1955, the Cathedral Church of St. Mary, Chelmsford, Gordon White Cowley, B.D.S., L.D.S., to Yvonne Marjorie Kime.

WILLIAMSON—TREGEAR.—On 3rd September, 1955, at St. Mary's Church, Wimbledon, Arthur William Rowe Williamson, F.R.C.S., to Mary Josephine Tregear.

DEATH

THOMSON.—On 10th October, 1955, at the London Hospital, Lewis Charles Thomson, D.Sc., Ph.D., M.B., B.S., of 52 Sidegate Lane, Ipswich, Suffolk, aged 42.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1755 29th October 1955 One Shilling

PASSIM

Breadth in Education.

IN the course of the lengthy correspondence which was published under this title recently in the *Times*, there appeared a letter from a newly-qualified aircraft designer, which has some relevance for us at a time when the dust-storm stirred up by a new academic year is beginning to settle. The writer described how he had started on a life of specialization at public school at the age of 14, and a year later was "allowed to neglect the humanities, to which [he] had barely been introduced, and plunge into the narrow, concentrated study required for the present-day specialist." Suddenly, after seven years academic and technical training, he had come to realize how ill-equipped he was to enjoy to the full his new emanicipation from working for examinations. This raises echoes of another letter published in the *British Medical Journal* last year, focussing similar attention on the education of a medical student. A young doctor wrote then:

> " It was my own experience to enter medical college straight from school, where latterly the educational bias was, perforce, upon scientific subjects . . . Now . . . when I am in the company of friends who pursued more intellectual paths at university, I am well aware of my insufficiency in their conversation. Only since embarking upon my National Service does there seem to have been time to indulge in the more gracious pursuits of literature, music, and art. I know I am not alone in this cultural poverty."

These two writers both blamed the educational system, but, although the system undoubtedly has much to answer for, it is our contention that some of the fault lies in the complainers themselves. No training, approached intelligently, can be so arduous that there is no time for the student to pursue subsidiary activities if he is so inclined. Certainly at Guy's, where some pains are taken to select candidates with wide interests, such a narrowing of outlook would be regarded with dismay; the more so in a Hospital practically on the doorstep of the Festival Hall, the Old Vic and the National Film Theatre, good enough representatives of the pleasures to be had in a city which is probably better served culturally than any other in the world. He who in six years time bewails his lack of opportunity for "gracious pursuits" will have a poor case.

For those whose inclination lies in the active participation in the arts, our community life yields great advantages; in the graphic arts, through the stimulus of comparison and discussion, and in music and drama through contact with fellow-performers and a potential audience. Yet, strangely enough, these very advantages are often not accepted. The article on the Theatre Club in the last *Gazette* brought forth a letter from one of its senior producers, exposing an attitude all too often encountered: the idea that devoting time to such activities is damaging to a student's academic career. He points out that "the academic record of the Theatre Club would stand comparison (easily!) with any 'control' group of students, who didn't take part". This is a particular example of what seems to be a general observation, that on the whole it is those who indulge wide interests in activities outside their work who do best academically, and whose fully developed personalities suit them best for their profession.

If these remarks are thought obvious—as they certainly should be—the only defence lies in the fact they were clearly far from obvious to the two young men quoted at the beginning. If they can have any influence in deflecting Guy's men from an attitude which might lead to the unhappy predicament revealed in those letters, our labouring of the point will have been worth while.

It is with deep regret that we record the death in Nuffield House on 16th October, of Mr. A. R. Thompson, Consultant Surgeon Emeritus to the Genito-Urinary Department. His was one of those personalities that are woven into the fabric of Guy's history, and he was known by repute even to those of a generation who never met him. A Memorial Service was held in the Chapel on 28th October, and we hope to publish an obituary in the next issue.

We offer our congratulations to Surgeon Rear Admiral R. C. May on his promotion to his new rank of Surgeon Vice-Admiral. It is with further pleasure that we announce his appointment next April, to the Medical Director Generalship of the Navy. It is most gratifying to know that this extremely important office is to be held by a Guy's man.

On another page we publish an account of the presentation of the "Guy's Cup" to the Universities of Cape Town and Stellenbosch. That Guy's men were grateful for the inspiration behind this imaginative gesture is shown by the response which made possible the purchase of such a fine trophy. As Mr. Atkins has pointed out in these pages, it is a gift from "perhaps the oldest Rugby Football Club in the British Isles, to two of the oldest Rugby Football Clubs in the Union", and symbolizes the great debt we at Guy's owe to generations of South African students, not only for their effect on our fortunes on the Rugby field, but for the warm fellowship we enjoy by having them among us.

We congratulate Dr. Philip Frost on being selected for an appointment of unusual distinction. He is to be a senior House Officer at the American Hospital of Paris, Neuilly-sur-Seine. There is considerable competition for these posts and it is gratifying that yet another hospital has been added to those at which Guy's is represented. We are sure that Dr. Frost will be a worthy ambassador and we wish him every happiness in his new work.

We are circulating with this issue Business Reply Cards concerning the *Guy's Hospital Directory* for 1956. We would remind readers wishing to receive the *Directory* that it will assist us greatly if they would return them as soon as possible.

GUY'S DIARY

OCTOBER			Exhibition. Department of Surgery. *Burns.*
31st	M	1.00	Dr. E. H. Rink. Clinical Lecture. *The Heart and Anæsthesia.*
		1.00	Prof. W. E. Herbert. Dental Clinical Lecture. *Toothache.*
		5.00	Photographic Society. Annual General Meeting. Clinical Theatre.
NOVEMBER			Exhibition. Department of Surgery. *The Acute Abdomen.*
3rd	Th	1.00	Mr. S. H. Wass. Clinical Lecture. *Undescended Testicle.*
		5.00	X-ray Meeting. Gordon Museum.
5th	S		Rugby 1st XV *v.* Old Blues. (H.O.P.).
7th	M	1.00	Mr. G. F. Gibberd. Clinical Lecture. *Postmaturity.*
		1.00	Mr. Arthur Bulleid. Dental Clinical Lecture. *Bacteriology and the Dental Student.*
9th	W	1.10	Photographic Society. Film: *Sardinian Project.* Anatomy Theatre.
10th	Th	1.00	Mr. J. McA. McArthur. Clinical Lecture.
		5.00	Neurosurgical Round. Clinical Theatre. X-ray Meeting. Gordon Museum.
11th	F	1.00	Dr. J. C. Houston. Clinical Lecture. *Post-menopausal Osteoporosis.*
12th	S	10.00	Departmental Round conducted by a Visiting Surgeon. Clinical Theatre.
			Rugby 1st XV *v.* Birkenhead Park. (Birkenhead.)

Sixty Years Ago

From Guy's Hospital Gazette, 26th October, 1895.

We have been asked to call attention to the rule that enquiries at the Medical School Office should be made before one o'clock. It can but seldom happen that a question that arises in the afternoon cannot wait for an answer until the next morning. The door is left unfastened between one and five to meet the cases of such rare emergencies, but unless it is used with discretion during these hours it may become necessary to close it absolutely.

Anyone wishing to read a detailed account of the Blackheath and Cambridge matches in our pages to-day, and searching in vain, should think charitably of the Rugby secretary—until lately worried by exams.—and vent their spleen, as seemeth fit, upon those persons appointed by him to send in reports, for these worthies (???) have omitted to supply us with any details of these disastrous contests. The enormity of our opponents' scores should be printed here in the largest type provided, did we think it would bring the delinquents to a true realisation of their shortcomings, but we fear no such subtle jest would appeal to them. We hope that better luck in the field will be their share, and full reports ours in the future.

OBITUARY

LEWIS CHARLES THOMSON, D.Sc., Ph.D., M.B., B.S.

Lewis Charles Thomson entered Guy's from Sherbourne in 1932 at the age of nineteen and qualified M.R.C.S., L.R.C.P. in 1937 and M.B., B.S. in 1938. He was an outstanding student, taking several prizes and serving as a student demonstrator in histology, anatomy, bacteriology and pathology. After qualifying he held the complete series of house appointments from clinical assistant to house surgeon, and became a demonstrator in the Anatomy and Physiology Departments two years later. During the ensuing period he became interested in physiological research and realizing that clinical medicine was not his forte he decided to make a career in physiology.

The years in Tunbridge Wells during the war offered unparalleled opportunities for close contact between staff and students; opportunities which were used by Thomson to lay the foundations of the happy relations which existed between him and his students throughout his time at Guy's. He was an enthusiastic if slightly unorthodox member of the Home Guard and few who served with him were surprised when he was shot dead while arguing with his friends on an exposed road at the height of a battle exercise.

Thomson had a brilliant mind and was one of those rare people who can teach and research with equal skill. In teaching, his capacity for lucid explanation held the attention of his audience, and his informal friendly relations with his students made them realize that he had the progress of every one of them at heart. In research, his work on the physiology of vision soon won him recognition which led to his appointment to the staff of a new M.R.C. unit set up in 1947 to study vision. On the retirement of the first director, the unit was renamed the Group for Research in the Physiology of Vision, with Thomson as its director. His contributions to this field were made possible by his original ideas and by his ingenuity in the design and construction of apparatus. He was helped to a considerable degree by a thorough knowledge of physics and particularly electronics, which had its beginning in a boyhood hobby of radio construction. In some respects he resembled the research worker of popular imagination; time meant nothing to him and he was deaf to the telephone when he was absorbed in an experiment. When faced with an unexpected problem he would think for a while until suddenly he announced "I've got it"—and he usually had. He obtained a Ph.D. in 1948 and early this year became a D.Sc. He was Chairman of the Colour Group of the Physical Society from 1953-55 and organized the British contingent to the International Physiological Congress in Montreal in 1953. He was the 27th Ettles Memorial Lecturer in 1955 and was chosen to be the first Edridge-Green Memorial Lecturer for 1956.

Thomson did not allow his work to take more than a fair share of his energy. While he was at Guy's he was instrumental in launching the Theatre Club and subsequently assisted in its productions. During his leisure time at home in Ipswich he sailed his own boat with his wife and sons, and had made several long trips.

Tommy had many friends among Guy's men who are saddened by his death and must wish that this already fruitful and still promising career had not been cut short at the early age of 42. All of us offer our sympathy to Mrs. Thomson, her two sons and his widowed mother.

D.J.A.

R. W. writes:

L. C. Thomson was known by many Guy's men in the Ipswich area where he made his home. He had been an H.S. at the East Suffolk and Ipswich Hospital in 1939 and he had taught or worked with a number of us at Tunbridge Wells in the early days of the War.

We know, not only of his professional ability as a teacher and research worker of the highest flight, but of his other activities and hobbies. He was a geologist, a naturalist, a photographer, he could make anything with metal tools, and he was a good squash player; his pet hobby was yachting, he had sailed his own 7-ton yacht to Holland and France, and had raced her successfully. In all these things Tommy was an expert, well above the standard of the average person who probably only indulges in one of these hobbies.

His activities brought him into contact with many people, one of whom remarked to me the other day "It is very rare to meet one who is so universally popular". This was because his approach to those he met was that of a Christian gentleman.

Mercifully, I do not think he ever understood the full implications of the short illness which was to prove fatal and such a shock to us. We mourn the passing of a great friend and a very fine Guy's man.

EDWARD WARREN HINE SHENTON, M.R.C.S., L.R.C.P.

Dr. A. H. B. Kirkman writes:—

I feel justified in attempting this humble eulogy of my best friend at Guy's, the late E. W. H. Shenton, who entered his medical career on the same day as I, in October, 1893, and remained for six years a constant companion and fellow worker. When X-rays were in their infancy, and before he qualified, Shenton was appointed co-radiographer with me at Guy's. During the year we worked together in the X-ray department Shenton (I believe I am right) produced the second (or was it the third?) recorded shadow of a renal calculus on his negative. May I add I was ever merely the handmaid of this truly inventive genius whose originality was so outstanding. He early collaborated with (Sir) Arbuthnot Lane in his special work on bone and joint lesions. In these early days we also specialized in the removal of metallic foreign bodies located by special apparatus of Shenton's design. We likewise visited local medical societies to introduce and demonstrate the mysteries of the new science to interested practitioners. A most versatile man, Shenton was a skilled musician and played a leading part as a violinist in "The Disguised Minstrels". In his spare time he constructed his own violin and I believe his bicycle and later built his own yacht, in which he and his wife were to be wrecked off Hastings.

His was too original an intellect to take kindly to serious study and it was with the greatest difficulty that one could get him down to the essential bookwork as "The Finals" loomed in the foreground.

Even in my comparatively short association with him, broken by my departure to the South African war as X-ray expert to No. 8 General Hospital, and before his inherent great qualities and ability were fully matured his many admirable traits were apparent: his great zeal for life and work, his keen sense of humour, his great love of music and his skill as a musician; and yet withal he was essentially a humble man at heart.

Doubtless many others, who have known him throughout his long life could add to these virtues.

One word more—One cannot think of Shenton apart from his devoted and gifted wife, who from the earliest days of his career, collaborated with him in his photographic and other skilled activities and must surely have been his good genius.

I, who know and had great affection for him as the comrade and friend of my student days, am proud to pay this humble tribute to his memory.

GUY'S HOSPITAL MEDICAL SCHOOL

Appointments Bureau (Medical and Dental) June, 1950—1955

The number of medical appointments obtained for Guy's men for the year, June, 1954—1955 (i.e., 302 compared with 197 for the year, June, 1953—1954) is the highest since the Bureau was established as a whole-time department over five years ago. This is due to the heavy demand for locums in hospitals and general practice (i.e., 73 were obtained for hospitals for the year, June, 1954—1955 compared with 44 for the year, June, 1953—1954 and 134 in general practice compared with 80). Fortunately a number of Guy's men returning from National Service were available whilst waiting for permanent vacancies in general practice and many more were available after completing the twelve months pre-registration appointments before they were called up for the forces.

The following are the figures for the five years under review:—

Medical	*June* 1950/51	*June* 1951/52	*June* 1952/53	*June* 1953/54	*June* 1954/55	*Total*
House Surgeons ..	43	33	25	27	27	155
House Physicians	17	18	9	13	19	76
S.H.O's. and Registrars	10	16	18	1	14	59
Student H.O's. ..		4	1			5
Hospital Locums..	62	38	66	44	73	283
Ship's Surgeons and Medical Companions ..		5	2	8	8	23
Partnerships ..			4	3	Home 4	11
					Abroad 1	1
Assistantships with view	11	8	Home 16	16	10	61
			Abroad 1		1	2
Trainee Assistantships		6	6	3	7	22
Assistantships ..	2		8	2	4	16
General Practice Locums ..	75	88	86	80	134	463
Total.. ..	220	216	242	197	302	1,177
Dental						
House Surgeons ..	5	7	8	2	5	27
Registrars.. ..	1				2	3
Assistantships with view	11	17	17	13	9	67
Assistantships ..	2	15	Whole-time 14	9	17	57
			Part-time 7	7	3	17
Partnerships ..					2	2
Practices	1	3	2	1	3	10
General Practice Locums ..	12	10	21	26	15	84
Dental Officers ..			Home 3			3
			Abroad 1			1
Total.. ..	32	52	73	58	56	271

Since June of this year the demand for locums has been even heavier but no doubt this is due to the ideal weather conditions which continued throughout the summer. Applications included many requests from doctors who had graduated from other hospitals and most of their requirements were met in addition to practitioners who qualified from Guy's.

The following is a summary of the vacancies filled from 1st June this year, to date:—

Medical	
Hospital appointments	22
Hospital locums	43
Ship's Surgeons	4
Assistantships with view	3
Assistantships	1
Trainee Assistantships	3
General Practice locums	84
Total	160

Dental	
Hospital appointments	6
Assistantships with view	4
Assistantships	2
General Practice locums	6
Hospital locums	1
Total	19

However, as the Ministry of Health is encouraging the formation of group practices it is doubtful whether there will be the same demand in the near future as no doubt the partners concerned will arrange to do the holiday locums between them.

Although there is still an urgent need of more vacancies for assistants with a view to partnership the position is becoming easier, now that the Bureau is so well established, but the Local Executive Committees do not anticipate many permanent openings until 1958. This is when a number of practitioners are expected to retire as they are eligible for their pensions under the National Health Scheme—i.e., ten years of service under the scheme since the Act came into force.

On the dental side the shortage of candidates for vacancies in general practice is still acute and as far as one can judge the position is likely to continue for some considerable time. From reports received, although most of the teaching dental schools have had capacity entries for the past two or three years, it is doubtful whether in view of the increasing demand for treatment under the National Health Scheme there will be sufficient dental surgeons available to meet the requirements of general practice. One must also remember that there are no extra qualified dental surgeons to replace the unqualified dentists who were put on the Register in 1923 and who are retiring rapidly at the present time. In view of the shortage of graduates for the forces all those who have not completed their service and who qualify at the final examinations are called up immediately except those who obtain Dental House Surgeon appointments and they obtain deferment for a period of six months.

Although it is still legal for dental surgeons to sell their practices or share in a partnership, the valuation of the goodwill is still a problem to be solved and any official move to determine this question, salaries of assistants, etc., would be much appreciated by the profession. It is a pity that the British Dental Association has no Bureau comparable to the B.M.A. so that members could be informed of the procedure for the sale of practices, partnerships, salaries, etc. It is understood that Dental Companies have agencies and from their point of view this is invaluable but most charge a commission for their services.

The Appointments Bureau is for the benefit of Guy's men and no charge is made for its services. The Appointments Officer would gladly welcome any Guy's men requiring assistance or advice.

J. H. E. WINSTON
Appointments Officer.

NOTICE

PHOTOGRAPHIC SOCIETY

The Annual General Meeting will be held in the Clinical Theatre at 5 p.m. on Monday, 31st October.

During the meeting Mr. A. G. Parks, M.Ch., will show a selection of colour slides.

PRESENTATION OF "THE GUYS CUP"

On Wednesday, 12th October, 1955, a ceremony took place at the Students' Union Hall of the University of Cape Town when Mr. Atkins presented "the Guy's Cup" to the Universities of Cape Town and Stellenbosch. The ceremony was attended by Mr. Knott Craig, President of the Cape Town University R.F.C., Dr. Craven of the Springbok Selection Committee and coach to the Stellenbosch R.F.C., and Dr. Louis Babrow, coach to the Cape Town R.F.C., as well as the captains and members of the teams of the two Universities.

In presenting the cup to the two captains Mr. Atkins said that it was a gift from past and present members of the Guy's R.F.C., as a token of friendship and in memory of the many fine players who had come to Guy's from the Union. He said that he had received a number of letters from old Guy's men who, in sending their subscriptions, had mentioned some friend from South Africa of their student days who was especially in their memory, some of whom had lost their lives in one of the two World Wars. Mr. Atkins said that he hoped that this cup would stand as a permanent emblem of friendship between the two countries and would serve to cement those ties which bound together the Afrikaans and English speaking members of the Union through the greatest of all games.

In reply, Dr. Craven welcomed this generous and friendly gesture from a British Club. He said that the two Universities would treasure this beautiful gift and it would represent for them those ideals of which Mr. Atkins had spoken and for which the Universities of Stellenbosch and Cape Town jointly stood. Dr. Craven was immensely touched by the spontaneity of this gesture and he and Mr. Knott Craig wished, in appreciation of this friendly thought, to make Mr. Atkins an Hon. Vice-President of the Rugby Clubs of the two Universities.

Mr. Knott Craig, in seconding the vote of thanks, said that this gift had touched their hearts and he hoped that there would continue to be the closest association between Guy's Hospital and the Universities of Cape Town and Stellenbosch.

The Guy's Cup.

APES, ANGELS AND VICTORIANS

A REVIEW

By T. B. LAYTON, *D.S.O.*, M.S.

Apes, Angels and Victorians. A joint biography of Darwin and Huxley. By WILLIAM IRVINE. London. Weidenfield and Nicolson, 7 Cork Street, W.1. 399 pages. 8 illustrations. 1955.

This book is an interesting experiment in biography, being an interwoven life of the two men.

I can remember Thomas Henry Huxley. The school to which I was sent in 1891 was opposite to the house into which he had moved six months previously and where he lived until he died. The under-masters used to speak of him in muted whispers, as though he were a very wicked man, except for one, who was earnestly trying to adjust what he had learnt at Oxford with the aid of Henry Drummond's *Natural Law in the Spiritual World* and *The Ascent of Man.* But I knew he was not a "wicked" man, for he used to come into our play ground and sit on a bench against the North Wall facing the sea, while watching our cricket matches, and I knew our master, Mr. Hutchinson, would never have asked him in if he really were a "wicked" man.

In my first term I ran right into his "tummy" while he was walking quietly home up the Stavely Road, and thirty small boys went streaming out of the playground, and down towards the parade, where a gentleman had been seen from the distance riding a bicycle with those new tyres that had recently been invented by Mr. Dunlop.

He was just like his pictures. His whiskers were scraggy at that age (*vide Life* II p.352) not in the trim condition in which he had kept them in his prime (*ibid* vol. II Frontispiece and p. 256). His eye-brows were very bushy and his eyes gleamed from under them. He wore a wide brimmed hat and a waterproof coat known as an "Ulster" which reached to his ankles and had falling from his shoulders a cape that came below his elbows.

Four years later I watched his funeral (4th July, 1895) start off from Hodeslea his home, which I had photographed with a camera that used glass plates after it had been set up on a tripod.

Dr. Pembrey, as he then was, used to tell us in his lectures on Physiology, to read Carlyle and Huxley. All these three were "Men of Truth". It has been said that "with Carlyle truth was a sensation rather than a conclusion" and that "His eye pierced through the most formidable and repulsive rubbish-heaps, and saw at once the jewel that lay beneath" (*Thomas Carlyle and John Stuart Mill* by Edward Jenks—George Allen, 1888). With Huxley it took the form that when he saw or heard anything that was not "The Truth" he felt that he must "go for it," and when he thought the speaker was lying, or even that he ought to have known he was not speaking truth, this became an urge "to hit it" and "to hit it hard" as Abe Lincoln did with slavery (*Life* by Herndon and Weik vol. I p. 67) only he could not wait 34 years to do it. He had to do it at once. Those who remember Professor Pembrey will realize why he held up these two men to us as intellectual guides. It may be that my personal contact with Huxley ten years previously caused me to take Pembrey's advice more than others did, though I cannot pretend to have gained so much from it as did such fellow students as George Cockroft, G. F. Stebbing, and Kenelm Digby.

Darwin came to me later. With him, of course, I had no personal contact for he died two months before I was born. But Dr. Willey, our Lecturer on Biology, took us through Zoology, from the amoeba to the rabbit, in such a way as to make us think in terms of Evolution. I therefore was prepared for "the Origin" when that wonderful adventure in publishing of Messrs. Murray in November, 1901, put it into my hands for a shilling. There was not much for a London boy to do near the Swiss Cottage in South Hampstead in the holidays; but my father was a member of the Zoo, and as he walked to Holborn Circus "through the Squares" he would pass through it, signing me in at the North Gate, and leaving me there at the South one, and I read most of "the Origin" in the Zoo in the summer holiday—we did not have vacations then—of 1902 between my two sessions in the dissecting-room.

I have never re-read it. To me it is like the Mississippi. "It just goes rolling along". I can pick it up and open it anywhere and read it with pleasure—for just a few pages. But had I once traced that great river from its sources to New Orleans I do not think I should want to do the trip again.

His other works have had but little conscious influence upon me. "The Origin" set out to be no more than an "epitome" of a larger work he had in hand. But the epitome had so convinced all right-thinking men that it became unnecessary to the ordinary reader. *The Descent of Man* seemed to me to deal with an indubitable fact. Having traced the Vertebrate from the Amphioxus to the rabbit in the laboratory and thence to the Primates in the Zoo the final step to man was a foregone conclusion. John Ryle looked upon *The Expression of the Emotions* as the greatest of all books on psychology; but then he had a more comprehensive brain than mine, and I am no psychologist.

The one other book by Darwin that did impress me was that on the Vegetable Mould. As early as 1837 he read a paper on the subject before the Geological Society. He must have had an inkling even then that the earth-worm had some place in the great subject that had begun to grow in his mind, that these lowly beings were the most faithful and hard-working of the friends of man, and that without them the Mammalia could not have existed on this earth. Five years later he went into residence at Downe and within three months had started investigations to test his idea, and they bore fruit twenty-nine years later.

But it was Arthur Keith who really introduced me to Darwin. He was, I believe, his most faithful and most consistent follower of this century. He not only talked and taught Darwinism, he lived it from the time of his first lecture at the Royal College of Surgeons in the autumn of 1908 until, at the age of 76, he wrote his Postscript to the *Vegetable Mould* (*Nature* vol. 149 p. 716. 27th June, 1942) with his account of his re-examination of Darwin's trenches, so far as he could find them, one hundred years after they had first been dug.

And now there is ahead of us in four years time another centenary. It is the centenary of the putting out of an idea, not to a limited number of persons such as those whose life-work is to seek for new knowledge by a series of rules which we call science, but to all the reading world—an idea which has changed the thought of man as regards his very existence and that of all his fellow living creatures, both in the animal and vegetable kingdoms. It was a revolution in thought without parallel in the history of mankind, since the earliest records of thought such as the drawings on the walls of the Tomb of Ti some six thousand years ago.

The idea of evolution had been present in the minds of Greek Philosphers for some two and a half thousand of these years, and it had been gaining force among a limited number of men in the half-century which preceded "the Origin". From the way in which Professor Irvine has built up his book the reader might imagine it was a partnership between Darwin and Huxley, and even at one place (p. 73) that there was a committee in its construction. This is unfortunate. Never was there a great work that was more the effort of one man. Charles Darwin was its "onlie begetter" and Huxley does not come into the story, behind the scenes, for another month, and, openly, for another year.

It is of course quite impossible for the young persons of to-day to read as much as those of mine, about the coming of evolution. There were then still some who were evolutionists, and some who were not. To-day everyone, with rare exceptions, has accepted evolution when they leave school, just as they have that the earth is round and goes around the sun. So much has been thought and written since then, not only in the special subject in whatever their life's work may become, but also in poetry, in the novel, and in general literature that it seems as though the youth of to-day have double as much to digest as we had. In one way they have received an inestimable boon. The application of physics has opened the whole of music to their minds. Whether what physics has opened to them by the sense of sight has been a gain may be debatable. It is there and we cannot put back the clock.

It is in this way that a book such as the one before us can be so valuable. It forms an epitome of the whole subject, and, in doing so, tells of some things that had to be told for completeness, but that may well be forgotten once read. It is published at an opportune moment. It will form a very good introduction to a subject that should occupy our minds, for a while, to a greater degree than it has done during the last fifty years. Such are the uses of centenaries of great occasions.

Whether Professor Irvine has succeeded in his self-appointed task will be for younger readers, who I hope will be many, to decide. It seems to me he has set himself a very difficult one—the characters of the two men were so different. On the other hand this may become a cause of the book's success. In such a way, and perhaps in such a way only will it be possible so to contrast the two as to bring out what each did. They were both great men. It is doubtful whether Darwin ever gave a thought as to whether he was or not. It is certain that Huxley never thought he could hold a candle to the elder man. At the end of the last century that was, I think, the general opinion of the two. To-day Professor Irvine seems to make out Huxley the greater. I believe the final conclusion will be that Huxley was very great, but that Darwin was a Titan.

The difference between the two was largely physiological. When a stimulus came to Huxley from without his reaction period was short and he responded at once by speech or by the pen. When one came to Darwin he stored it in his mind where it became thought and the stimuli, that set off action with him, came from within, after much thought.

Having sent these stimuli out from the depths of his mind they came back to him and racked his body, before they sorted themselves out in his "work". Some such idea as this was the explanation of Arthur Keith for Darwin's continuing illnesses. He once said to me he did not think anyone appreciated how much Darwin gave to thought, and he believed that all his illness was a consequence of it.

If "work" infers running about and appearing to be busy, then Huxley must have seemed a very hard worker—which he was, and Darwin one of the laziest imaginable—which he was not. If you add up the time labelled "his working hours" Darwin seems to be about the laziest man there ever was. Here is the story of his daily doings while his book was being written and for many years afterwards. It is an abstract from the life by Francis Darwin, his son, in a most sympathetic account of Emma Darwin, his wife, in an (p. 2655) encyclopaedia for women of the early years of this century.

> "The day was divided up, which would have worried any woman who wanted to live her own life. Before breakfast, which was at a quarter to eight, Darwin went for a walk. His best working time was between eight and nine-thirty, and then he went to the drawing-room, where he lay on the sofa and read his letters, and had a novel read to him by his wife for an hour. Then he worked again, took another walk, wet or fine, wrote letters, had luncheon, worked for an hour, took another walk, then went to bed for an hour, and was read to. His very simple supper was at seven o'clock, after which he spent a couple of hours in the drawing-room."

But if you add to these hours in which he worked at his table those to which he gave to thought Darwin was the most industrious man there ever was.

It all depends upon how much one is prepared to believe in the influence of man's mind upon his body. University Professors living in laboratories surrounded by glass tubes and Bunsen burners are inclined to derate it. It is from the mystic East that the fulness of its influence accrues. If one does accept it then every minute of Darwin's life was given up to work except when he was playing Backgammon with his wife of an evening after dinner. And he specially gave up to thought, as Arthur Keith claimed, those hours of sleeplessness at night after 3.00 a.m., in which he planned out the observations to be made next day, with fresh investigations to be started, and the deductions to be made from them, with an agonizing struggle with himself as to whether those of yesterday were just.

On the face of it he seemed to have had a complete *Aequanimitas*, and I think he had each time he sat down to his writing table. He went on quietly in his study, while differences raged in the outer world, though from some of his letters we know he did not accept all the criticisms of his work calmly; but he responded by putting out another volume of what, at first, was meant to be but a further chapter of his larger work.

I find myself wanting to dip into these volumes, and wishing I had read them in my younger days, in which, so it seems now, there were so many more hours to spare than there are to-day.

I used to think that "barnacles" was but another name for limpets, when they were sticking to the bottom of a ship instead of to the rocks under Beachy Head or on Peveril Point at Swanage, in the way that sailors have of giving names, different from what we do on land, to most things once they get to sea. I do not mean that, even if I had them, I should try to read his two monographs on *Cirripedia* which were the result of an observation made in Chile in 1834 with eight years dissection of barnacles after he had settled at Downe. But I take down *Climbing Plants* and open it at random to read about a tendril—"It is curiously like the leg and hind foot of a small bird, with the hind toe cut off. The straight leg or tarsus is longer than the three toes, which are of equal length, and diverging, lie in the same place" (p. 87)—Beautiful, simple, monosyllabic English which might be taken as a pattern by ward clerks writing their reports, or the young man or maiden starting to research. The diagrams in *The Power of Movements in Plants* rather frighten me, or I might find there a solution of one of my garden problems whether the bind-weed—most pernicious of all though with the loveliest flower—climbs a stick in the same direction as my runner-beans or opposite to them, a thing I find myself unable to determine. I even feel inclined to cut my copy of *Fertilisation of Orchids*, inherited from an uncle unopened. Though I might find most interest in the *Plants and Animals under Domestication* the size of these two volumes deters me. His industry was immense and went on right unto the end, for the *Vegetable Mould* came out in the year before he died, and the last of his scientific papers on *The Dispersal of Freshwater Bivalves* appeared in *Nature* a fortnight before the end, while two papers on Botany remained upon his desk for the Linnaean Society next year.

* * *

The second part of this book deals with the thirteen years that followed Darwin's death. Huxley was always in the advance of thought in all its phases during his whole life; but being human he would at times advance to a certain stage and then "stay put". When he read "the Origin," he recognized, at once, that the principles in it must apply to man, as well as to the beasts of the field. He said so in the draft that he sent to Mr. Lucas, the member of the *Times* staff to whom the book had been committed for review and who put in this draft without change after a few preliminary remarks (*Essays* vol. II No. 1). He fought an anatomist and a Bishop on the point at the British Association meeting in the following summer (1860), and then wrote, or dashed off, "Man's Place in Nature" (*Essays* vol. vii). If *Simia satyrus* and *Troglodytes niger* were descended from and were relations of the earthworm so must be *Homo sapiens*.

But when he turns to Man by himself his mind slips back to where it was as a child. He tells us (*Essays* vol. I and Biography) that he did not have much of an education; but no one knew "the Book" better than he; and he had learnt from that that races of men, and men themselves, varied very much in degree, and late in life wrote two essays (vol. I pp. 7 and 8) in which he stated with the utmost defiance "The conclusion of the matter would seem to be that the doctrine that all men are, in any sense, or have been at any time, free and equal, is an utterly baseless fiction" (p. 313). "I have not" he wrote to a sister in the South at the time of the Civil War "the smallest sentimental sympathy with the negro; don't believe in him at all in short" (*Life* I, 251). Perhaps this was the only time in their lives that he and Carlyle ever saw eye to eye.

If he knew his Bible well, he knew his Milton, perhaps, even better. He might have said "Dear daughter—since thou claim'st me for thy sire" (*P.L.* II 817) with all the tenderness that Satan had for the Portress of Hell, but she still would have been "Daughter of God and man, immortal Eve" (*P.L.* IX 291), that is to say something wonderful "from sin and blame entire" (l. 292) yet definitely inferior to the male sex, and even though she might become "accomplished Eve" (*P.L.* IV 660), as the result of his efforts for the education of girls, yet "women may thus grow stronger and more intelligent, and she will then rear stronger and more intelligent men. In any case she will never surpass the male." Evolution had stopped for coloured races and for all the female sex.

He was a man of many parts, perhaps the greatest educationalist of the nineteenth century, and he took a great part in the development of our University of London. He was a great teacher, a great Dean of a great College. But these were but the matters of his own time. His work for all time, at least for the Anglo-Saxon race, was to introduce a new principle of thought, that was to do for our mental state what Darwin did for our physical one—revolutionize our ideas of thought. Before Huxley an idea was "right" or "wrong", a statement "true" or a "lie".

Our forbears had to accept from their teachers, exactly what they told them. Huxley taught us there was a third thing, "suspension of judgment" perhaps for a week, perhaps for fifty years, perhaps for ever. He cried to our generation of Victorians what Cromwell cried to the Scotsmen "I beseach you, in the bowels of Christ, think it possible you may be mistaken" (Letter CXXXVI). He had thought it and taught it before he named it. He had had it from Goethe who, he said in his review of "the Origin", "has an excellent aphorism, that state of mind which he calls 'Thätige Skepsis'—active doubt." It is the principle of the agnostic frame of mind, which he sums up thus. "In matters of the intellect do not pretend that conclusions are certain which are not demonstrated or demonstrable" (*Essays* vol. V p. 246) and again "It is doubt which so loves truth that it neither dares rest in doubting, nor extinguish itself by unjustified belief" (Ibid. vol. II p. 20).

The word "agnosticism" came later. It was invented by him in a spirit of friendship for a few persons. When he was speaking or writing publicly he was over-emphatic and even violent. In private he was courteous and friendly even with his most bitter opponents. There were two striking examples of this—The Metaphysical Society and the London School Board.

The former, of which Huxley was a foundation member in 1869, included men of different thought, who dined together and then listened to and discussed a paper on some subject of the day. Whether it did much to modify or to fuse their views may be doubted; but they found it possible to be friendly with, and even fond of, persons of totally divergent views, and in this way the society did good for some years. Each member, except Huxley, had some label by which he was known, and he was constantly being asked "what he was?" He invented the word "agnostic" to mean his development of Goethe's "Thätige Skepsis". He "paraded it" at their society and it "took on". It took on a bit too well for it became the name, not from Huxley, of something resembling a religious sect which became mixed up with the "atheists", quite wrongly for these had a "fixed idea" on the point that their name implies as much as any sect of our religion or of any other in the world, whereas it is on this point that a man should be able to say "I believe, but I do not know".

It is easier for us doctors to appreciate this frame of mind than for others, for we are always trying to make a dia-gnosis; to determine a "piece of knowledge" though our interrogations and our observations. We know how often we may be wrong, and thus how it may be our duty to make an a-gnosis for a time. In the same way we have to make a pro-gnosis, which is a prophecy based not upon an illumination of the brain, but upon a conclusion from logical deductive and inductive reasoning combined. And so we begin as students to build up an agnostic frame of mind before even we find a need to give it a label or a name.

It is the stress put on this that we owe to Huxley and I believe that in the history of human thought the change from the "dogmatic" to the "agnostic" frame of mind will prove to be as great an advance as the change from the "catastrophic" to the "evolutionary" hypothesis of our physical nature that we owe to Darwin. Not that Professor Irvine has said all this. It may be that it is too strong meat for the citizens of his country.

I have commended his work, and I advise all young persons to read it, unless they have already tackled the writings of these two great men; but that is not to say that I approve of the way in which the book is brought out. The subject is too serious. The fact that the publication of "the Origin" caused such an upheaval in the theological world is evidence that the ideas with which it dealt are as serious to the world as were those which they displaced. Humourous alliterations such as "Barnacles and Blasphemy" are out of place, as are the pictures on the dust cover. In 1871 *Vanity Fair* was a serious publication, and it was a compliment to be included among their pictures. To-day these two make them appear silly little men whether in the book, on the dust-cover, or in the advertisements to increase its sale. It is the same with Dizzy's silly gibe. It was characteristic of one mood of the man, and he was rewarded with roars of laughter that lasted down the years till I was a small boy. He had "attracted the attention of the whole world by a pungent phrase" (*Life* vol. IV p. 374). But it is one thing to introduce a catch-word of a political mountebank into the script, it is another to give up to it a whole page in the fore-front of a book as though this were the motto of the whole work.

A word to the publishers. When they publish an American work in Great Britain I suggest the pagination of the references be changed from the American to the English editions. Not one that I have looked up from the Notes have I been able to find. Otherwise let them leave them out all together. This would have saved 28 pages per copy.

SPANISH HOLIDAY

By E. A. R. BERKLEY

An advertisement in the *Guy's Hospital Gazette* last winter prompted me to re-visit Spain after an interval of twenty-six years. The advertisement invited me to come to sunny Spain and stay at an hotel which possesses both a Spanish and an English cuisine. It also stated that the hotel had an English representative resident in Hove. The preliminary negotiations were carried out in an atmosphere of extreme cordiality and the English representative told me that having once stayed at the hotel situated on the Costa Brava some forty miles north of Barcelona, I would, without hesitation, return there year after year. As an added inducement he told me that a bottle of champagne would be ready on my arrival to greet me without cost to myself.

My wife and I at the same time were approached by four friends who suggested that we might link up together and have a holiday in Spain. I therefore continued the negotiations, based on a sixsome, and in early May we set off in two cars for Lloret de Mar.

Of our journey through France little need be said except that we found the small hotels in which we stayed without previous booking, far more accommodating and less rapacious for our francs than they had been on previous visits. When we told our French hosts and hostesses that we were on our way to Spain for a holiday they exhibited no surprise and one of them was frank enough to tell me that the Spanish hotels were beating the French both in the quality of their service and in the modesty of their charges. The Spanish competition is having the effect of stimulating the French hotelier into seeing how best he can please the stray traveller and to send him away satisfied.

We arrived at our hotel in Lloret de Mar in pouring rain at about half past nine on a Saturday night. Our welcome was as warm as it was considerate. We were taken to our rooms, assured there was no hurry but that having had shower baths we could have dinner whenever we were ready. Rather to our surprise we were also offered tea. I, personally, thought this a poor substitute for the champagne that had been promised, but remained silent. After our shower baths we went down to the dining room where a delicious dinner was served to us. It was washed down with liberal quantities of the local wine which was excellent.

The following day I went down with dysentry but as the remaining five members of the party were in robust health, I concluded that my illness was due to a dietary indiscretion before we left France. The two little serving maids who attended to our wants in the dining room took me in charge and while the rest of the party started to enjoy their holiday, I remained in bed preparing to dose myself with sulphamezathine. The serving maids, of whom more anon, and who possessed physical charms above the ordinary gave me to believe that my choice of treatment was quite wrong. At frequent intervals throughout the day they brought me decanters of iced white wine and in forty-eight hours I was beyond the convalescent stage and ready to play my part in any activity which was going forward.

Anybody who possesses normal powers of observation and absorption soon feels at home in Spain. To those of us who have become slaves to the clock-beating rush of existence at home, the Spanish way of life not only refreshes the body but liberates the spirit. The Spaniards have abolished time. I put my watch in a drawer on the night of our arrival and forgot about it. It is true that on the day of our departure I took it out and wound it up to show that I was British but I did not bother to set the hands as nobody knew what the time was and it really didn't matter anyway. The hotel management asked us if we would like early morning tea at eight o'clock. It would arrive any time between ten past eight and nine o'clock but we soon got into the habit of awaiting its arrival resting tranquilly in bed. Breakfast was served when we appeared at any time in the morning; luncheon was ready at any time after what we believed to be about two o'clock. Tea was available at about six and dinner could be taken at any time between 8.30 p.m. and eleven. As I have said, I discarded my watch so the times I have given are merely guesswork, but the point I wish to stress is that we were never hounded into the dining-room with the greeting that "if you don't get it now you won't get anything". At any hour we chose to feed we were always greeted and served with the utmost cheerfulness and even gaiety. The food was excellent and the management showed a wise choice in blending English and Spanish dishes. The local wines at one shilling a litre harmonized with the food and occasions were rare when we felt the need for anything more expensive.

The Spanish people fully deserve their reputation for being the politest people in Europe. Not only are they polite, they are genuinely friendly towards the British and I had no reason at any time to doubt their sincerity. Our stock in Spain is high. All the essential things in Spain are cheap and in May our hotel charges, including all taxes and service, were only twenty-five shillings a day. With a large glass of sherry costing tenpence and the local wine at one shilling a litre, it is not long before one can ruminate on the more hectic existence at home with a beaming benevolence almost bordering on imbecility.

The climate is as perfect as one could wish. Both coast and countryside are beautiful.

I mentioned the two serving maids who possessed considerable physical charms. Isobel was a Catalan and showed her Moorish descent. Rosae was fair, beautiful and Castillian in type. I never saw them anything but happy until the day of our departure, when they wept. Even after a hard day's work, they were ready to push back the tables in the dining-room and dance for us. They seemed to be happy in everything they did.

Mrs. Hayes, our hostess, showed us every consideration and kindness. Her only concern was that we should be happy and comfortable. The champagne which had been forgotten on the day of our arrival appeared on the day of our departure and brought a twin with it.

To those who think that modern conditions at home may be laying the foundations of a coronary disaster, Spain is the place in which to relax and forget that such a possibility can occur.

CORRESPONDENCE

Letters to the Editor of the Gazette

A Visitor from America.

From the Clerk to the Governors.

SIR,—It might be of interest to readers of the *Gazette* to know that a few days ago I received a visit from a man, now living near Boston, U.S.A., who in 1897, when a youth of 16 or 17, was knocked down and run over by a horse-drawn tram with the result that he sustained a severe compound fracture of his right thigh. He was admitted to the old Astley Cooper ward and spent approximately 17 weeks there under the care of Mr. H. G. Howse, Consultant Surgeon at that time.

He was ultimately discharged from the Hospital, as he states "cured" and further he states that he has had no trouble with his leg since he left the Hospital.

He told me that at the time of the accident he was not in a position to do anything for the Hospital that had done so much for him, as he had only just completed his apprenticeship, but he had always been conscious of the fact that the staff at Guy's had saved his leg and this had enabled him to emigrate to the United States in the year 1900. If his leg had been amputated he would have been refused admission. He had accordingly called at the Hospital for the first time for 58 years, as having been successful in his business activities in the United States he now wished to inform us what steps he was taking to repay in part his debt. Further he had thought that he would like to see the ward in which he had spent some 17 weeks so long ago. The ward is now, of course, known as *Dorcas* ward.

To repay the debt in tangible form he has created a Trust in the United States and he left for the information of the Governors a copy of the Deed creating the Trust, and under this, after his death and the death of a near relative, the Hospital's Endowment Fund will receive the income from a substantial holding of ordinary stock in the General Motors Corporation of America. The value of this holding is estimated at approximately 60,000 dollars.

This is what my visitor termed his thanks offering for the services rendered 58 years ago. I have not disclosed the identity of my visitor for reasons which I think will be obvious.

Yours, etc.,

B. LEES READ,
Clerk to the Governors.

Counting House,
Guy's Hospital, S.E.1.

Medicine in its Human Setting.

From Dr. Ronald Mac Keith

SIR,—In reviewing Clark-Kennedy's *Medicine in its Human Setting*, E.E.D.T. has been modest to the point of silence about the contribution made to the book's high quality and appeal by a Guy's woman. I would like to add a postscript with which I am sure E.E.D.T. would agree, praising the excellent illustrations by Miss Sylvia Treadgold of our Illustration Department.

Yours, etc.,
RONALD MAC KEITH.

Guy's Hospital,
London, S.E.1.

Radioactive Isotopes.

SIR,—The use of radioactive isotopes is proving valuable in medical research and in some fields it has already emerged as a method of treatment and investigation. One need only mention thyroid disease and polycythæmia rubra as examples.

The use of these substances is likely to be confined to the teaching hospitals because, among other things, of the need for the help of physicists.

We have in this area patients requiring investigation and treatment with radioactive isotopes and we should like to be able to refer them to Guy's. At present we are forced to send them elsewhere.

We hope that the authorities at Guy's will bear this in mind when planning for the future. We hope to see at Guy's a department equipped for the use of radioactive isotopes at least for the application of established treatment and investigation, but better still for their use on a full scale in medical research.

Yours, etc.,
T. M. L. PRICE.
S. H. LLEWELLYN SMITH.

Lewisham Hospital,
London, S.E.13.

The Music Club.

SIR,—May I, through the courtesy of the *Gazette*, draw your readers' attention to the activities of the Music Club. We are planning to perform a concert version of Mozart's *Magic Flute* at the end of this term. People interested in either singing or playing in this should contact the Secretary as soon as possible. Choir practice is held in the Lower Physiotherapy Gym., in Shepherd's House on Mondays, usually at 5.30 p.m. Orchestral practice will be held on Thursdays at 6 p.m.—probably in the Anatomy Theatre in the Medical School.

On Wednesdays there is a gramophone recital from 1 p.m. to 2 p.m., in the Physiology Theatre in the Medical School.

We have several expansions "in the air" which we hope to be able to announce soon.

Notices of the Club's activities are posted round the Hospital and include one in the colonnade on our board.

Yours, etc.,
N. A. McL. BAILEY,
Secretary of the Music Club.

Guy's Hospital,
London, S.E.1.

Nurses' Homes.

SIR,—Complaints sometimes produce results other than those envisaged by their authors. The recent letters on your pages provide the last and deciding reason why I should send my daughter to train at some other School of Nursing.

Yours, etc.,
INNOMINATE MEMBER.

Take-In Dressers and their Art.

SIR,—In your issue of 15th October, you published some photos of "Take-in Dressers and their art". You will doubtless remember that I sent you a similar drawing of a week's Take-in cases a few months ago, drawn by R. M. Wingent. These drawings were pinned up—as far as I remember—in the colonnade and I expect quite a number are still intact in old Guy's men's homes. The practice continued until 1910 I think. The present sheet contains many well known names of that time and later—for example, Joey Hughes, Eric Sheaf and Hertz—and the one and only Teddy Morgan, with whom I had the pleasure of playing in the Cup Tie *v*. London in 1906/7.

Yours, etc.,

ARTHUR H. CROOK.

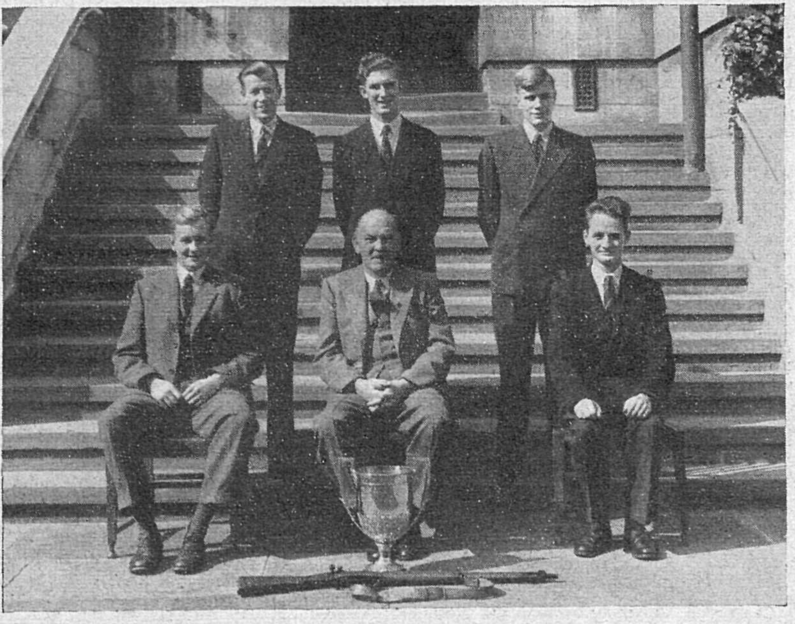
2, Chiswick Place,
Eastbourne.

The drawing by R. M. Wingent was reproduced in the issue of 25*th December*, 1954—Editor.

SPORT

GUY'S HOSPITAL RIFLE CLUB

Winners of United Hospitals' Challenge Cup, July, 1955



B. C. Gilliland *A. W. Harris* *R. H. MacKeith*
I. D. Green *N. L. Eckhoff, Esq.* *H. K. Kemp*
(*Captain*) (*President*) (*Secretary*)

RUGBY FOOTBALL

Guy's *v.* United Services, Portsmouth

1st October, 1955
At Portsmouth. Lost 0—16

Guy's were not very impressive in this game although meeting a particularly good Portsmouth team which had remained undefeated since the start of the season. For the first twenty minutes Guy's dominated the exchanges and it seemed a score was inevitable, but as time went on the heavy and well drilled Portsmouth pack began to take command and Guy's were forced more and more on the defensive. Nevertheless, our three-quarters gave a very encouraging display with plenty of hard running and good variation in their attack. It is to the team's credit that they never gave up trying and towards the end of the second half it was Guy's who were attacking and keeping the Portsmouth defence at full stretch by good running and handling by both backs and forwards.

Ironically it was during a period of strong pressure by Guy's that Portsmouth scored their first try. A reverse pass by one of our three-quarters near our opponents' line went to ground and the ball was gathered smartly by Peary (Portsmouth) who when faced by the full back passed to his left. The movement was carried on by their forwards who were quickly up in support and after a long fly kick Portsmouth won the race for the touch down. The try was converted. Shortly afterwards Clayton (Portsmouth full-back) dropped a splendid goal from a penalty from 50 yards and Guy's turned over 8 points in arrears. In the second half both sides kept the game open and we were unfortunate not to score on one or two occasions, but Portsmouth scored again when Thomas was unfortunate not to steady a well directed corner kick which rolled over the line and their right-wing got the touch-down. Just before the end Peary, who played brilliantly right through the game for Portsmouth, split the defence wide open with a beautiful jinking run and he grounded the ball near the posts. The try was converted. Guy's continued to attack and some of our best attacking movements came in the last 10 minutes but the Portsmouth defence held firm.

The forwards as a whole are still not together and the heeling from the loose must be improved if we are to do better this season. Individually, Russell did very well in the unaccustomed role of hooker, Morgan was conspicuous by his work in the line-outs and Cooke was the usual tower of strength. The backs did well but tended to over-elaborate their moves when hard straight running or a short kick on the ground might have proved useful. Hackett must curb his tendency to run across the field which is giving our three-quarters very little room in which to manoeuvre. Hawley and Lindsey played well in the centre and Evans looked the most dangerous man in the side when he had the ball in his possession.

Team: J. D. Carroll; C. E. Evans, M. Lindsey, R. Hawley, G. Thomas; G. W. Hackett, R. K. Knight; J. S. Van den Berg, M. Russell, R. W. May; R. Morgan, D. Smith; A. Buirski, S. A. R. Cooke (capt.), D. A. Lillicrap.

Guy's *v.* Cambridge University

8th October, 1955.

At Cambridge. Lost 0—43.

Cambridge University crossed the Hospital line eleven times to win by 5 goals, 6 tries to nil. That is the sad result. With Cambridge having their first game of the season it was expected that Guy's, who had played four matches, would give the University a closer contest than hitherto. The tragedy is that the score could have been heavier had A. P. Boggon not hit the post with a long-range attempt to convert one of the tries, and forward passes on the Guy's line prevented at least three more tries.

Guy's made three changes from the selected side; D. Lawrence came in at stand-off half, G. W. Hackett moved to centre to replace M. Lindsey who is injured, and A. Gunn replaced R. C. Morgan in the pack.

A. R. Smith on the Cambridge wing celebrated his return from the South African tour with the British Lions by scoring four tries, and one shudders to think what further damage he would have done had not G. D. Thomas brought off several magnificent low tackles. C. E. Evans also did remarkably well in limiting M. E. Kershaw to a solitary try. Cambridge, with a much heavier and taller pack, had a monoply of the ball in the tight and line-out. This advantage, and the fact that the centre of the field was left wide open, enabled B. A. F. Smith, at stand-off half, to bamboozle the Hospital defence almost at will. His two tries, one in each half, were examples of bad marking and not tackling the man in possession. When he sprinted fully 40 yards with the ball tucked under his arm to score his second try not a single Guy's man was in sight until he had reached the line. The University side looked superbly fit and the link between forwards and the backs was a feature of their highly skilful combined play. This was emphasized when A. J. Herbert, a back-row forward, completed two brilliant passing movements by scoring under the posts.

Naturally, Guy's opportunities for attack were strictly limited but R. T. Hawley and G. W. Hackett tried valiantly to break through and indeed made ground on a number of occasions only to find the Cambridge defence as strong as their attack. It must be said that Guy's battled heroically to the end and in the last ten minutes came very close to scoring.

The Light Blues' tries were scored by A. R. Smith 4, B. A. F. Smith 2, A. J. Herbert 2, T. Hodgson 1, M. E. Kershaw 1, and A. A. Mulligan 1; J. G. G. Hetherington converted 3 tries and R. P. Boggon 2.

Guy's Team: J. D. Carroll; C. E. Evans, G. W. Hackett, R. T. Hawley, G. D. Thomas; D. Lawrence, R. K. Knight; J. S. Van den Berg, M. A. Russell, R. W. May, A. Gunn, D. M. Smith, A. Buirski, S. A. R. Cooke (Captain), D. A. Lillicrap.

ASSOCIATION FOOTBALL

Guy's *v.* Sandhurst R.M.A.

At H.O.P., on 15th October
Result: Guy's 4, Sandhurst 1

Guy's won this game even more easily than the score suggests. They were faster and combined better than Sandhurst and but for an early ankle injury to Watmore, which reduced him to half speed, would have won by a larger margin.

Guy's scored in the first minute, when Watmore converted a cross from Wright, and it was soon after this that he was hurt. Guy's had the better of the game for most of the first half but did not score again until, just before half-time, Maggs, after some clever play by the Guy's right wing, received the ball on the edge of the penalty area and put a hard shot into the net.

Early in the second half Sandhurst reduced the arrears rather against the run of the play. From a break-away the visitors' left-winger worked his way through and his final pass enabled the centre-forward to score. Guy's dominated the rest of the play and went further ahead by goals from Maggs and Cornhill.

Team: Lewis; Missen, D. J. Smith; Cornford, Sutton, Fanning; Wright, Cornhill, Watmore, Maggs (Captain), Humphreys.

Guy's *v*. Charing Cross and Royal Dental Hospitals

Away on 22nd October

Result: Guy's 1, Charing Cross and R.D.H. 2

Charing Cross and R.D.H. deserved to win for they adapted themselves to the conditions more readily. The Charing Cross pitch has a steep diagonal slope and this combined with heavy overnight rain and a strong wind made the ball greasy and difficult to control.

Guy's kicked off down the slope and with the wind behind them, but despite these advantages Charing Cross more than held their own. Just before half-time they took the lead when their left-winger took a pass from the centre and scored with a cross shot.

With conditions against them Guy's surpisingly came more into the game in the second half. But Charing Cross went further ahead when a fine centre from their left winger was headed in by their inside left. From then on Guy's did most of the attacking; Maggs and Humphreys each hit a post and Wright had a strong shot diverted for a corner. Then Watmore chased a pass back and succeeded in bustling the ball away from the goal keeper and scored. Guy's kept up the pressure but just could not score again.

Team: Edwards; Missen, D. J. Smith; Dearlove, Sutton, Fanning; Wright, Cornford, Watmore, Maggs (Captain), Humphreys.

LADIES' HOCKEY CLUB

Guy's *v*. Royal Free Hospital

Away, 15th October

Result: Won 3—1

In the first match of the season Guy's did well to beat the Royal Free Hospital. Included in the Guy's team were four freshers, P. Cave, right-half, M. Maher, centre-half, K. Allsopp, right-wing and H. Lachlan, centre forward.

The match was played on a fast pitch and with the strong wind against them in the first half. Guy's were obviously not very fit and were fortunate to be only one goal down at half-time. This was due to the excellent goal-keeping of Harrison-Bloom and good marking by Maher of the very fast Royal Free centre-forward.

In the second half the Guy's defence settled down and with more accurate and stronger hitting and better positioning managed to gain the ascendancy. Goals for Guy's were scored by Chapman after a defensive muddle, by Platt from a hard shot into the corner of the net, and by Maynard after some inconclusive end to end play.

The defence improved throughout the game and with practice together should form a sound and efficient unit. The forwards were lacking in shooting power in the centre and due to Maynard on the left wing hanging too far back many good passes from Platt were wasted. Attacking movements broke down far too often due to general lack of speed but the faults can be eradicated with practice and a little more thought whilst playing.

SAILING CLUB

The final heat for the Ogilvie Cup was raced off on 28th September. Of the six finalists, only four were able to come to Burnham. We were particularly sorry that P. Longmore, the holder, was unable to attend. The four boats were helmed by K. C. Hammond, N. D. Kilpatrick, J. Bunyan and R. Harper. The start was made down river on a falling tide and with a good breeze. Unfortunately, the wind died on us and the race was rather prolonged. Hammond managed to take the lead in the Roach and was not seriously challenged from then on. He won by a considerable margin and was in fact the only boat to finish; all the other boats had to row in because the wind had vanished.

We took advantage of having sixteen people to take the four boats out of the water and commence laying them up for the U.H.S.C.

The Ogilvie Cup will be presented at the Sailing Club dinner which will probably be in December. An A.G.M. will be held in Classroom One on Tuesday, 8th November, at 1.00 p.m. We should like to see all the Freshers who are interested in sailing.

HOSPITAL INFORMATION

NAVAL APPOINTMENT

Rear-Admiral R. C. May is to be promoted Surgeon Vice-Admiral and appointed Medical Director-General of the Navy.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the appointment of **Registrar** (1st year) to the Radiotherapy Department (whole-time). D.M.R. preferred but not essential. Duties to commence 1st January, 1956. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded not later than the **7th November, 1955.**

GUY'S MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Senior House Officer** for six months commencing, 1st December, 1955. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within seven days of the appearance of this advertisement to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

ORPINGTON HOSPITAL

Locum Ear, Nose and Throat House Surgeon

Applications are invited for the post of **House Surgeon** in the Ear, Nose and Throat Department at Orpington Hospital on a locum basis for the period 1st December, 1955, to 29th February, 1956.

Applications should be lodged with the Superintendent, Guy's Hospital, on or before **12th November, 1955.**

PASS LIST

ROYAL COLLEGE OF SURGEONS OF ENGLAND

UNIVERSITY OF CAMBRIDGE

Michaelmas Term, 1955

M.B., B.Ch.

Pharmacology

J. R. Carling

First M.B., Part IV

September and October, 1955

Organic Chemistry

P. B. Wemyss-Gorman

Diploma in Orthodontics

September, 1954

A. C. Campbell M. A. Kettle
Angela R. Fooks

March, 1955

J. S. Rose N. J. Wood

September, 1955

E. K. Breakspear

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Baker, Charles, Brock, Sir Russell and Campbell, Maurice. Mitral Valvotomy: A Follow-up of 45 Patients for Three Years and Over. *Brit. med. J.*, 1955, ii, 983.

Blacker, C. P. The Rhythm Method: Two Indian Experiments. *Eugen. Rev.*, 1955, **47**, 163.

Clegg, J. W. Clinical Trial of P.A.S. Salt of Isoniazid in Treatment of Pulmonary Tuberculosis. *Brit. med. J.*, 1955, ii, 1004.

Evans, Sybil M. To Thy Heritage be True (The Founder's Lecture, 1955). *Physiotherapy*, 1955, **41**, 302.

Goodridge, D. L. Hereditary Cleido-Cranial Dysostosis. *J. R. nav. med. Serv.*, 1955, **41**, 140.

Harley, H. R. S. Subphrenic Abscess with Particular Reference to the Spread of Infection (Hunterian Lecture). *Ann. R. Coll. Surg. Engl.*, 1955, **17**, 201.

Kark, Robert M. and others. Percutaneous Renal Biopsy. *J. Urol.*, 1955, **74**, 267.

Maizels, M. and another. Sodium Transfer in Human and Chicken Erythrocytes. *J. Physiol.*, 1955, **129**, 476.

Maizels, M. and another. Sodium Transfer in the Erythrocytes of Sickle-Cell Anæmia. *J. Physiol.*, 1955, **129**, 504.

Paul Fourman and others. The Renal Factor in the Alkalosis of Potassium Deficiency. *Lancet*, 1955, ii, 848.

Payne, W. W. and others. The Effect of Pancreatin Therapy on Fat Absorption and Nitrogen Retention in Children with Fibrocystic Disease of the Pancreas. *Arch. Dis. Childh.*, 1955, **30**, 424.

Pegum, J. S. Dissociated Depigmentation in Vitiligo. Significance and Therapeutic Implications. *Brit. J. Derm.*, 1955, **67**, 348.

Swift, P. N. and others. The Value of Splenectomy in Fanconi's Anæmia. *Arch. Dis. Childh.*, 1955, **30**, 439.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

FRENCH GIRL (19) well educated, wishes to look after and teach French to children, in return for board and lodging and pocket money. Box No. 118.

For Sale

GOLD POCKET WATCH (18ct.) English lever movement by Goldsmiths and Silversmiths Company. Scarcely used, in perfect order. £15. Box 119.

DENTAL PRACTICE, Mumbles, Seaside town in Gower. Lucrative practice grossing £650 per month N.H.S. plus private work. Bookings well into 1956. Ultra modern surgery, equipment only 2 years old comprising sterling chair, unit, operating light, Siemens aerodont, Philips practax X-ray, Walton III gas machine. Highly trained nurse. Overheads low, security of tenure. A genuine sale for a genuine reason. Photographs available. Box No. 115.

CHRISTMAS GIFTS

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—Personal collection only—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. Apply: The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

SHERLOCK HOLMES AND DR. WATSON. 2*s*. The Hound of the Baskervilles 1*s*. Reprints available from *Gazette* Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

CHANGES OF ADDRESS

E. W. Meurig Williams, M.R.C.S., L.R.C.P., Y-Wen-Fro, Llantrisant Road, Llandaff, Cardiff.

J. W. Hughes, M.B., B.S., 117 Rosecroft Gardens, Whitton, Twickenham, Middx. (Tel.: Popesgrove 6278).

H. V. Hoyle, M.B., B.S., 26 Ash St., Bootle, Liverpool, 20. (Tel.: Bootle 1600).

D. J. Neill, D.F.C., F.D.S., R.C.S., 5 Tufton Court, Tufton Street, S.W.1.

R. H. R. White, M.R.C.P., D.C.H., 3B, Gay St., Bath, Som.

MARRIAGE

GOVER—BURDGE.—On 3rd September, 1955, at Stanton St. Quintin, Wilts., Lt. Geoffrey Gover, R.A.M.C., *to* Ann Burdge, S.R.N.

DEATHS

SHENTON.—On 12th October, 1955, Edward Warren Hine Shenton, M.R.C.S., L.R.C.P., of 2 Willifield Way, Hampstead, N.W.11.

THOMPSON.—On 16th October, 1955, at Guy's Hospital, Arthur Ralph Thompson, Ch.M., F.R.C.S., Consulting Surgeon Emeritus to the Genito-Urinary Dept., Guy's Hospital.

EDS. { **P.S.B.**
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX *No. 1756* *12th November 1955* *One Shilling*

PASSIM

The Shining Symbol

THE stethoscope has become the symbol of the medical profession. This would probably have surprised René Laënnec who invented it in a moment of singular inspiration when he rolled a sheet of paper, put one end on his patient's chest and the other to his own ear. To his astonishment he found that he could hear the heart's action "in a manner more clear and distinct than I had ever been able to do by the immediate application of the ear."*

The simple wooden cylinder of the inventor bears little resemblance to the modern varieties (the obstetrician's tin trumpet always excepted). The student has today a wide choice of elegant models, some with bells, some with diaphragms, some with both. The combined ones can be especially intriguing, for the buyer can choose whether he wants to have one with a lever which changes rapidly from one to the other—thus giving (when done with the right air) an impression of neatness and skill. Alternatively, the spare bell (or diaphragm) may be carried in a pocket and at a suitable moment, one end can be substituted for the other. This, like the movement of the lever, can be a most useful gesture. The delve into a pocket and the thoughtful replacement of the bell by the diaphragm can give an illusion of intense thought and deep concentration.

All these gambits are well recognized and the wise physician knows how the wearing of his stethoscope is an art which deserves some study. The difficult decisions are not over when the business end is chosen. For next comes the colour of the tubing. Black, is of course respectable, solemn and does not show dirt. However, red rubber continues to hold the field at present. There are several reasons why this should be so. An air of antiquity and experience is given by well-worn rather shiny and stained tubing—indeed this is well recognized by astute ward clerks who remove the new look from their tubing with boot polish and mud. In recent years, transparent plastic tubing has become popular with some. The advantages claimed for this are several: it is light, has a good wide bore with considerable resistance to kinking and possesses one quality which the other varieties lack. This is, of course, the clear view that one may have of foreign bodies such as road grit, tobacco ash or insects in the lumen. We might recall here that a suitable sized piece of tobacco can give a splendid "opening snap" when lodged in the right part of the tubing.

The proximal end of the instrument has some individuality too, the question of hinges or no hinges, locks or springs being too deep to discuss here. One may say a word about ear pieces though. These may be metal, plastic, real ivory (in W.1.) or rubber. Each has its own adherents; personally speaking, we like almost spherical metal ear pieces, though the unfair advantage of rubber ends as erasers for inconvenient physical signs in the notes is well recognized.

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* Sir William Hale-White, *Laennec: Translation of several Passages from "De l'Auscultation Médiare," with a Biography.*

Do not for one moment imagine that the instrument has yet reached perfection. There is, for example, no really convenient warming device for the chest piece on the market, though the newest invention of an electronic stethoscope will doubtless incorporate one.

This splendid device, recently on sale in this country, will probably, at £80, have little sale among the student population at Guy's. The chest piece, loaded with transitors and wiring, must make for a heavier load than most of us would willingly bear during even the shorter ward rounds. French cricket, played with a piece of paper and a dangling stethoscope, might become prohibitively expensive with new transitors at their present price.

We must leave this absorbing subject. The wealth of interest is remarkable, for the carrying of a stethoscope is not a simple process but has innumerable variants. Let us say with some seriousness that a stethoscope is, like one's wife, ice axe or salmon rod, acquired for life and will serve one well if it is treated with some understanding.

It is with pleasure that we announce the appointment of Dr. W. H. H. Merivale as Director of the Department of Clinical Pathology and Consultant Clinical Pathologist to the Hospital. He has been for the last few years Assistant Director to Dr. F. A. Knott and also University Reader in Clinical Pathology. We know that he will be a most popular choice and wish him a long and happy tenure of this post.

We note with interest that Mr. D. V. House, F.C.A., has been appointed a member of the Board of Governors until 31st March, 1956, in succession to the late Mr. S. B. Askew. Readers will be interested to know that Mr. House is immediate Past President of the Institute of Chartered Accountants and we have no doubt that the Hospital will be grateful for his advice, especially perhaps in financial matters.

We congratulate Mr. Frank Law on his election to the Mastership of the Worshipful Company of Spectacle Makers.

It is with considerable pleasure that we record the appointment to consultant positions of two most popular members of the Guy's registrar staff. Mr. E. A. Williams has been appointed Consultant Obstetrician and Gynæcologist to the Oxford Regional Board and First Assistant of the Area Department of the United Oxford Hospitals. This is a return to familiar country for Mr. Williams who worked in Oxford before returning to a registrarship at Guy's. We also note with very great pleasure the appointment of Mr. P. B. Counsell as Consultant Surgeon to the East Suffolk and Ipswich Hospital. We hope that both will be very happy in their new surroundings and that we will be seeing them at Guy's from time to time.

A meeting of the British Club for Hand Surgery was held at Guy's on Saturday, 5th November, when Mr. Patrick Clarkson was the Convenor. Cases of special interest were shown and discussed.

We note with real regret that the Governmental ban on heroin is to stay despite protest from all quarters. This decision, patently wrong, must be recognized in its true light. It represents the rejection of intelligent medical opinion from leaders of our profession by government officials. These officials, it must be said, have done this at the instigation of the World Health Organisation.

Enough has been said in the medical press about this matter and, with the official last word, we suppose that we must perforce bid farewell to a drug which has served our patients well for many years and which, as yet, has NO substitute despite an illusion cherished in official quarters.

Mr. J. H. E. Winston reminds us that, with the appointment of Surgeon Vice-Admiral May to the Medical Director-Generalship of the Navy (recorded in the last issue of the *Gazette*), Guy's men now rule the medical and dental sides of the Navy. The dental services are, of course, under the command of Surgeon Rear-Admiral (D) L. B. Osborne, who is well known as a Chairman of the English Rugby Selection Committee.

We congratulate Miss E. A. King-Turner, who is, we understand, the first lady dental surgeon to be admitted to the freedom of the Society of Apothecaries. The election ceremony will take place during the middle of this month.

We wish to remind all our readers that the Reply Cards sent out in connection with the *Directory* should be returned to us as soon as possible. It will make the work of the *Gazette* Office much easier if the demand for the *Directory* can be assessed within the next few weeks.

GUY'S DIARY

NOVEMBER			Exhibition. Department of Surgery. *The Acute Abdomen.*
15th	T	1.20	Music Recital. Guy's Hospital Chapel. Silver collection in aid of Children's Christmas Party.
16th	W		Rugby 1st XV *v.* Wasps (Sudbury).
17th	Th	1.00	Mr. R. S. Lawrie. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
19th	S		Rugby 1st XV *v.* Rosslyn Park (H.O.P.).
21st	M	1.00	Mr. R. J. Cann. Clinical Lecture.
24th	Th	1.00	Mr. Charles Cook. Clinical Lecture. *The Pathogenesis of Diabetic Retinopathy and Intercapillary Glomerulosclerosis.*
			X-ray Meeting. Gordon Museum.
25th	F	1.00	Dr. W. N. Mann. Clinical Lecture. *Some Disorders of the Colon.*
26th	S	10.00	Clinico-Pathological Meeting. Clinical Theatre.
			Rugby 1st XV *v.* Coventry (H.O.P.).
28th	M	1.00	Dr. David Stafford-Clark. Clinical Lecture.

Twenty-Five Years Ago

From Guy's Hospital Gazette, 15th November, 1930.

We should like to congratulate most heartily Dr. A. C. Hampson on his appointment as Assistant Physician in the Children's Department and Mr. Grant Massie on his appointment as Assistant Orthopædic Surgeon.

Fifty Years Ago

From Guy's Hospital Gazette, 18th November, 1905.

We are in a position to make an important announcement. For some time past many of us have been rendered pleasantly conscious of the interest which Mr. and Mrs. Seymour Hicks take in the Hospital, by means of sundry theatre tickets which have been put at our disposal from time to time. Their interest has now taken an even more practical form. In the early spring, Mr. Seymour Hicks will organise, in his magnificent new play-house in Aldwych, an entertainment, the whole proceeds of which will go to the Hospital. Mr. Beerbohm Tree's great performance at His Majesty's at which the King and Queen, the Prince and Princess of Wales, and the Princess Victoria were present, and which resulted in over two thousand pounds being handed over to the Hospital, is so fresh in our memories, that we have no difficulty in appreciating our great good fortune in experiencing again the large-hearted generosity of the stage. No man works harder in the cause of charity than does the actor, and certainly none has greater power to awaken the interest of the general public. In a sense he is in an unique position; his own generous act bears fruit a hundredfold almost instantaneously. It is this that makes men like Mr. Tree and Mr. Hicks such valuable allies for our Hospital, with its enormous responsibilities and insufficient income. Mr. Hicks gives to the Hospital for the time being both himself and his theatre, and we thank him most heartily but he does much more—he impels the British public—an entire audience, a whole theatre full of ordinary selfish men and women—to share with him in his gift, to join with him in generosity, and in anticipation we may thank them too. It is difficult adequately to express our thanks to Mr. Seymour Hicks for his kind offer. All Guy's men must see to it that they do their best to secure an absolutely unprecedented rush for seats.

NOTICE

CHRISTMAS CARDS

Now available, Guy's Christmas Cards 3/6 to 7/6 per dozen including envelopes (Postage 6d. extra). Apply: The Manager, *Gazette* Office, 6 St. Thomas St., S.E.1.

HOSPITALS' SYMPHONY ORCHESTRA

A Concert will be held in the Great Hall, Royal College of Surgeons, Lincoln's Inn Fields on Saturday, 26th November, 1955, at 7.30 p.m.

Sicilian Vespers Overture	*Verdi*
Symphony in G, No. 100 (The Military)	*Haydn*
The Royal Hunt and Storm	*Berlioz*
1st Horn Concerto	*Richard Strauss*
Schwanda the Bagpiper	*Weinberger*

(Leader: Ursula Snow)

Conductor	COLIN DAVIS
Soloist	DENNIS BRAIN (Horn)

Tickets, priced 10/–, 7/6, 5/– and 3/6, can be obtained from: Tony Mitchell, St. Thomas's House, S.E.1. Telephone: WATerloo 4625 or from the Guy's representative:— A. C. Kerr, Department of Dental Medicine.

LUNCH-TIME RECITAL OF MUSIC

In the Guy's Hospital Chapel on Tuesday, 15th November, at 1.20 p.m. Silver collection in aid of the Children's Christmas Party.

OBITUARY

ARTHUR RALPH THOMPSON, Ch.M., F.R.C.S.

W.D.D. writes:—

Arthur Ralph Thompson who, at his death on 16th October, had been Consulting Surgeon Emeritus to the Genito-Urinary Department at Guy's for nineteen years, was a familiar figure to the older generation of Guy's men and women. He was born on 3rd September, 1876, and entered Guy's in October, 1898, from the Victoria University of Leeds. He qualified in 1901, took his F.R.C.S.(Eng.), in December, 1902, and the Ch.M., of Victoria University, Leeds, in 1907. He was a good forward in the Guy's rugger team in his student days and also played for the Barbarians. He then held various appointments at Guy's starting with Assistant House Surgeon in 1903, followed by House Surgeon in the same year. Subsequently he was appointed successively Medical Officer in *Bright* Ward, which in those days was the only ward for private patients, Surgical Registrar and Resident Surgical Officer. He was the first holder of the last named post and later became Demonstrator of Anatomy in the Medical School and Anæsthetist in the Hospital. For a time he held the appointment of Assistant Surgeon at the Victoria Hospital for Children, Leeds, and in 1908 he was elected Hunterian Professor of the Royal College of Surgeons of England. He was an Examiner for the Primary Examination for the F.R.C.S. for a number of years. Mr. Thompson was appointed Surgeon in Charge of the Genito-Urinary Department, Guy's, in May, 1910 and retired in 1936.

"Rudy" Thompson, as he was known to two generations of Guy's men and women, was an outstanding character in the Hospital and many of his remarks and *bons mots* were bandied round the Hospital at the time and are still re-told at various functions. He had a very rough exterior, but behind it there was a man who had the interests of Guy's Hospital and his patients very much at heart. He had a large Out-Patient Clinic and there are patients still in attendance there who regularly enquire after him and his welfare. He was a man with an active brain, but temperamentally he was probably more suited for an academic than for a clinical career.

He died in the Hospital in his 80th year. We extend our sincere sympathies to his wife and family in their bereavement.

GEORGE EDWARD ALING, M.R.C.S., L.R.C.P.

We record with regret the death of Major G. E. Aling, I.A.M.C., (Retd.), on the 13th October, at the age of 61 years. Major Aling qualified at the Calcutta Medical College in 1914 and joined the Indian Medical Department as Assistant Surgeon. Later he came to Guy's and became M.R.C.S., L.R.C.P., in 1926. He returned to India and joined the Civil Medical Department of an Indian Railway for some years. He served in both great wars. We offer our sincere sympathy to his widow.

E. W. H. SHENTON, M.R.C.S., L.R.C.P.

A.H.T. sends us this additional note:—

Edward Warren Hine Shenton was born in 1872. Left an orphan early in life, he was educated privately; he soon evinced a great interest in science, and became an ardent photographer. At one stage, he thought of taking up photography as a career, and of specializing in the photographing of paintings. A school friend, however, soon persuaded him to become a medical student, and he entered at Guy's in 1898. He maintained his interest in electricity and in photography, and when "Röntgen rays" first became known in this country, he studied the invention eagerly, and quickly recognized its possibilities in the field of practical surgery. He gave a demonstration at an evening conversazione, at which Dr. Perry (the Medical Superintendent of the Hospital) was present; the immediate outcome of what he saw there was Shenton's appointment as "part-time skiagrapher" (1899). From that time onwards the story of the department is one of continuous expansion and development of technique; using, at first, very primitive apparatus (much of it home-made)—an ordinary induction-coil, a Mackenzie-Davidson interrupter, and a gas-tube—Shenton adopted every well-proven advance; he is believed to have been the first radiologist in England to use the Coolidge Tube.

He qualified in 1901 (M.R.C.S., L.R.C.P.), and was appointed a full member of the Staff of the Hospital ; his title was changed at about this time and in accordance with modern practice, to that of Surgical Radiologist. He served in this capacity for eighteen years, resigning in 1919, when he was succeeded by Magnus Redding. These years witnessed the evolution of radiology from a mere scientific novelty to the dignity of an invaluable branch of medical diagnosis and practice; and Shenton contributed largely to this development. With the advance of radiography, modern fracture-treatment became possible. Shenton was one of the first to study the X-ray appearances of bone-tumours, and published a monograph upon the use of X-rays in their diagnosis; he also took a special interest in the use of radiography in urology, and he was radiologist to St. Peter's Hospital for several years; whilst there, he introduced the use of the cone and the compressor-band, in the examination of cases of renal stone.

During the first world war, he invented a very simple and efficient locator of metallic foreign bodies; he was in charge of the X-ray department of the Central Officers' Hospital of the R.A.F. (then in Hampstead); he was mentioned for distinguished services, and received the gold medal of the Red Cross Society.

His professional activity by no means ended with his departure from Guy's. Soon afterwards, he felt the urge to resume work, and he accepted the office of radiologist to St. Bartholomew's Hospital, Rochester, where he worked until after the end of the second world war, when he finally retired.

His contributions to the technique and the science of his speciality were many and important ; he devised (and his wife made) the first ray-proof gloves, using for the purpose sheet-lead taken from a tea chest ! (The original gloves are preserved, somewhere in Massachusetts, to this day.) He invented the method of X-raying the first two cervical vertebræ through the open mouth; and he often pointed out to students that when there was any displacement of the upper part of the femur, the curve of the lower border of the femoral neck would no longer form an unbroken concentric curve with that of the upper margin of the obturator foramen; which led to this curve becoming widely known as "Shenton's Line".

He published a number of articles, and was co-editor, in 1926, of the *Atlas of Visceral Radiograms.*

His talents were not confined, however, to medical work. He was an extremely versatile man; he early invented an electrolytic convertor for alternating currents, but (characteristically) did not bother to publish or exploit his invention; it sufficed that it enabled him to charge his car-battery from the local mains! He was a man of very artistic temperament; he loved music and was himself a skilled performer on the viola and the violin. He played much, in local musical societies and in his own home. Having reached an age at which most men retire, he joined Trinity College of Music, as a first-year student; and took a gold medal there. He set a number of songs for children to music, and when the supply of songs ran short, he wrote the words as well as the music. He wrote several light musical sketches, and enjoyed acting in them; and he wrote the words and much of the music of a revue entitled "Washing Up", which was performed at the Hippodrome, Golders Green, in aid of St. Dunstan's, with marked success.

He was a skilled craftsman as well as an artist; he made the violins and violas upon which he played; and he built, in the stable of the house in Heath Street, Hampstead, in which he then lived, a ten-ton yacht (the "We're Here"), in which, incidentally, his wife and he were twice wrecked. He was a skilled turner, and he and his wife built most of the furniture of their house.

He married, in 1900, Miss Phoebe Hollis, who survives him. Shenton had a very busy private practice in Harley Street, in addition to his hospital activities, and Mrs. Shenton helped him very greatly in his work there. There were no children of the marriage.

C.E.I. writes:

> "He was undoubtedly the foremost surgical radiologist of his day. He and I often differed upon technical problems, but I cannot recall any occasion upon which he did not ultimately prove to be right."

CHESS CLUB

The Annual General Meeting of the Chess Club was held on Wednesday, 2nd November. Both the past season's activities, and the coming programme were discussed. The full results for the past season are: Played 8, Won 4, Drawn 2 and Lost 2. These results include the winning of the Inter-Hospitals Challenge Cup.

It was also decided to hold a match, the President's team *v.* The Chess Club, and this will take place early in the New Year.

The following officers were elected for the 1955-56 Season.

President: MR. J. B. BLAIKLEY Capt.: M. D. ROBSON Secretary: D. A. SABEL

THE DENTAL CONDITION AS AN ASSESSMENT FACTOR IN PULMONARY TUBERCULOSIS

By

G. E. KING-TURNER, H.D.D., L.D.S., L.M.S.S.A.
E. K. PRITCHARD, M.R.C.S., L.R.C.P., D.P.H.

Some Cases at the Southwark Tuberculosis Clinic.

The well known investigations carried out at the Papworth Settlement in 1929 on patients suffering from tuberculosis, and the similar work by the late F. W. Broderick who made a careful study of the teeth in tuberculosis at the Bournemouth Chest Hospital, have stimulated the work detailed in this paper. Therefore this paper cannot be regarded as in any sense original but rather as an extension of Broderick's work.

It should be remembered that Broderick drew attention to the imbalance of the sympathetic-parasympathetic system and that in so doing he aroused considerable controversy, nevertheless as the following cases suggest the facts speak for themselves.

This investigation was started in 1937 at the Southwark Tuberculosis Clinic. It was a routine measure to conduct a three-monthly dental examination at which the findings of the Papworth Settlement were strikingly corroborated and it was soon established that the active pulmonary lesion coincided with active dental symptoms. This fact was recognized at Southwark during the checking up of old cases for reactivation, and time and time again a flare up of dental caries was found, when radiographs of the patient were taken, to coincide with reactivation of the lung lesion. At Papworth, however, it was not noted that there is a class of case in which parodontal disease coincides with advanced pulmonary lesions.

The routine three monthly dental examination mentioned must be emphasized, for any change in the dental condition can thus be compared with the record taken three months previously. Indeed the dental condition, as will be seen, is a diagnostic sign as to any change in the condition of the tuberculous lesion. An instance may be given here, of a case of long-standing Pott's disease. At one of the routine examinations there was evidence of recent decalcification of the teeth and this new symptom was reported to the tuberculosis officer but no apparent reactivation of the tuberculous lesion was noted. At a subsequent (3 months later) dental examination further decalcification had occurred coincident with pain in the back. Nine months from the onset of dental symptoms the patient was admitted to hospital with radiographic evidence of reactivation of the spinal disease.

Types of Cases.

I. New cases with active dental caries coinciding with an active tuberculous lesion; blood sedimentation rate as a rule high. This is perhaps the commonest type of case in a tuberculosis clinic. The patients are already sympathetic dominants and infection by the tubercle bacillus stimulates the defence mechanism powerfully at the early stage of the disease as shown by pyrexia, loss of weight, etc. In a minimal lesion the reaction may be sufficient to overcome the infection. The dental condition will show recent active decalcification.

These cases mostly do well on rest and treatment. In some few cases of this type in whom the sympathetic dominance is more marked the reaction to infection may be so violent as to inhibit the compensatory mechanism of the parasympathetic system and the progress downhill is rapid, the reaction leading to exhaustion.

II. New cases with sound teeth coinciding with an active tuberculous lesion; blood sedimentation as a rule low. These cases form a smaller percentage than the foregoing. They are dominated by the parasympathetic side of the autonomic system, their reaction to infection is sluggish and the teeth are often perfect. The lung lesion on the other hand is surprisingly diffuse, there are few if any symptoms except undue lassitude which has been attributed to other factors. These cases as a rule do not do well on rest, there is very little reaction from the defence mechanism owing to the already overacting parasympathetic side; the lung lesion becomes chronic with a slow downward tendency.

III. New case with parodontal disease coinciding with an active tuberculous lesion; blood sedimentation rate very often low.

These cases are more common in the middle age groups. As general symptoms are few the patient does not report in the early stages. There is no evidence of active dental caries but there is tartar formation of the serumal variety, together with noticeable pocket formation.

Radiographs show widespread, often bilateral infiltration of the lungs. These cases do not react well to rest and usually deteriorate steadily, the thyro-adrenal stimulus being almost completely absent.

IV. New case with parodontal symptoms and recent decalcification coinciding with an active tuberculous lesion; blood sedimentation rate rising.

These cases are also prevalent in the middle age groups. Radiographs show a diffuse lung lesion, often bilateral with evidence of reaction of the defence mechanism. Provided that the sympathetic stimulus is maintained the lung lesion may calcify, but in most cases the reaction to infection is too late.

V. Old case with evidence of past caries such as fillings and arrested dental caries, and no recent decalcification coinciding with quiescence of the pulmonary lesion. There is often gingivitis and tartar formation showing that the braking effect of the vagus has been called into play. The lung condition is quiescent with evidence of calcification of the lesion.

VI. Old case with evidence of past dental caries but exhibiting recent decalcification coinciding with reactivation of the pulmonary lesion. The value of the three-monthly dental examination is particularly evidenced in the assessment of these cases, for any recent decalcification of the teeth is reported to the tuberculosis officer and more often than not reactivity of the lesion in the lung is noted on the radiogram together with raised blood sedimentation rate.

VII. Old case with evidence of past dental caries now exhibiting parodontal symptoms coinciding with fibrotic quiescent condition of the lungs.

On examination there is gingivitis and tartar formation and a degree of pocketing around the teeth. Evidence of past sympathetic activity is apparent such as fillings and arrested decay. The lung lesion often exhibits calcification and is quiescent.

Sympathetic Types.

The febrile delicate featured type so well known in tuberculous patients corresponding to the neuro-arthritic diathesis of some observers, belongs to the thyro-adrenal plus case in which the reaction to infection may or may not be favourable according to the degree of reaction. If this is moderately severe with a minimal lung lesion it may be sufficient to overcome the infection completely though this is of rare occurrence. If the reaction is in excess it may become unmanageable and wear the patient out from exhaustion. These cases are obviously the kind who receive maximum benefit from rest. Pregnancy in most of these cases will produce disastrous results.

The most important feature of these cases is that they report early for treatment as signs and symptoms are apparent in the primary stage of the disease due to the rapid reaction of the defence mechanism. The teeth show fairly widespread recent caries. The fauces are invariably remarkably clear, a fact that has been noticed by various observers in tuberculosis.

These patients do well on rest and collapse therapy. If treatment is successful the disease becomes controlled and tends towards quiescence and arrest. This will be mirrored in the mouth by the arrest of caries and onset of tartar formation, gingivitis may be noted finally when the lung disease becomes arrested. On the other hand the patient whose lung disease is progressive will show further dental damage from active caries.

Parasympathetic Types.

The heavy, very often muddy complexioned types corresponding to the exudative diathesis of other observers, are thyro-adrenal minus. The reaction of these cases to tuberculous infection is delayed, very often fatally so. There are so many arrears to be made up, as it were, before the defence mechanism comes into play that, by the time the symptoms are manifest, it is too late to do anything in the way of treatment. The teeth may be quite sound or, as in bad cases, signs of parodontal disease are apparent.

The cases with sound teeth show reaction to the infection by the presence of recent caries and in these cases the prognosis may be favourable as showing the stimulus of the defence mechanism, unfortunately they do not as a rule report in the early stages of the disease as symptoms may be entirely absent; the patient has not noticed anything out of the ordinary which cannot be ascribed to overwork, etc. Mass radiography has done a great deal in the way of detection in the early stages of the disease.

In contrast to the sympathetic types these parasympathetic types may react favourably to pregnancy, but in a number of cases rest reacts unfavourably.

Procedure at the Southwark Clinic.

All new cases are sent for a dental examination with a note from the tuberculosis officer to the effect that it is a new case of pulmonary tuberculosis; no other report is given.

The mouth is examined and a report is sent back to the tuberculosis officer. For example "activity++, B.S.R. high; probably minimal lesion. Should do well on rest"; or "Diffuse lesion probably bilateral; no reaction, prognosis bad."

A recent case, sent for dental examination, is interesting. The dental report read: "activity + B.S.R. up." On comparing notes afterwards the tuberculosis officer stated that he could not find any evidence in the lungs whatsoever although the B.S.R. was raised. A radiograph taken in the postero-anterior position showed considerably more disease at the left apex than was evident in the usual antero-posterior view.

Rationale of Assessment.

As has been stated the sympathetic-parasympathetic imbalance is taken as the basis of this work. The sympathetic dominance exhibiting dental caries among other symptoms; a parasympathetic dominance of mild degree, absence of caries and early paradontal signs.

A sympathetic type will react early and more or less violently to an infection by the tubercle bacillus with all the common symptoms and will exhibit recent active decalcification of the teeth. The lung lesion, unless the symptoms have been completely ignored by the patient, will in most cases, be minimal. The B.S.R., pulse rate, etc., all being raised as the reflection of the reaction of the defence mechanism.

As treatment is carried out and the reaction to treatment is favourable, the signs of sympathetic dominance will subside, the dental caries become arrested and often after a time calcification of the lung lesion occurs.

If the parasympathetic system takes over to a greater extent, symptoms of early parodontal disease may be seen, for example gingivitis and tartar formation showing that the reaction is favourable.

A parasympathetic on the other hand, will not react to infection, the defence mechanism is overruled as it were by the damping effect of the vagus and almost symptomless diffuse infiltration of the lungs takes place. When after a varying interval the defence mechanism is stimulated and the first symptoms appear, the pulmonary damage is severe. A number of these cases do not seem to react at all and usually report on account of loss of weight or general listlessness or their condition is discovered by casual radiographic examination. The B.S.R. as a rule is low and quite out of keeping with the extent and severity of the lung lesion. In bad cases parodontal disease is the rule and the absence of any sympathetic stimulus as evidenced by the absence of active dental caries, makes the prognosis poor. These cases exhibit little if any calcification, the lung lesion in fact is soft or exudative.

Pleural Effusion.

An interesting finding in parasympathetic cases exhibiting sound teeth is the incidence of pleural effusion. These cases are only slightly dominated by the vagus and, it would seem, the initial infection by the tubercle bacillus in some cases affects the pleura more commonly than the lung tissue. These cases however become diffuse pulmonary infiltration cases later.

Tuberculous Glands.

Young children with infected glands are for the most part parasympathetic with enlarged tonsils, often gingivitis and sound teeth. If reaction to the infection occurs, active caries is noted with improvement of the gingivitis and later calcification of the glands.

Contacts.

The regular dental inspection of contacts is of extreme importance since it provides evidence of sympathetic-parasympathetic imbalance. The parasympathetic types in particular require very careful watching inasmuch as these cases seem to provide suitable soil for an insidious and symptomless invasion of the tubercle bacillus.

Conclusion.

It seems evident that the course and prognosis of pulmonary tuberculosis are governed largely by the original soil in which the infection is planted.

The parasympathetic soil it would seem is suitable for the propagation and spread of the disease unless the sympathetic defence mechanism is stimulated sufficiently to call a halt.

When the sympathetic soil is invaded the reaction is so strong that unless checked by the braking action of the vagus there may result exhaustion and death of the patient, the so-called "galloping consumption". However, in most of these cases the automatic reaction of the vagus is sufficient to lead ultimately to arrest of the lesion, this being obviously encouraged by suitable treatment and rest.

The reaction of the patient can be estimated by the condition of the teeth and surrounding structures. The onset of dental caries is a favourable sign in the parasympathetic, the arrest of caries, in many cases, the onset of gingivitis and early parodontal disease are favourablc signs in the sympathetics. In other words reversion to the original soil or dominant side of the autonomic system, in which the bacillus was first implanted, is an unfavourable sign.

The complete removal of the teeth other than those obviously septic in these cases is therefore depriving one of very useful indicators of autonomic inbalance.

RESTORATION IN THE CHAPEL

The west wing of the Forecourt of the Hospital is the only work of the architect Richard Jupp to survive in London. Overshadowed by his more notable contemporaries, Robert Adam and Henry Holland, his best known work was his design for East India House exhibited in the Royal Academy in 1798.

The Chapel is the centre piece of the west wing which he designed to reproduce the east wing built some fifty years earlier. Work was begun in 1774 and completed in 1780. The exterior retains the strong Roman character of the earlier work, although it is now difficult to see under its destructive carpet of creeper.

In the Chapel itself—on plan a 45 foot galleried square 28 feet high—is seen the more elegant style fashionable in the last quarter of the eighteenth century. The gallery on three sides is lightly poised on Ionic columns. The composite order of the gallery, no more than six inches in diameter, carries a delicately groined plaster ceiling with a finely worked shell and fan medallion, typical of the period, in the centre. The noble sparkling glass chandeliers which it should support are missing.

At present the Chapel is dominated by the beautiful marble memorial to Thomas Guy, the work of the sculptor John Bacon, dated 1779. A competition for this work was held, Joseph Wilton being paid £31 10*s*. for his design and Bacon £1,000 for his completed work—a figure of at least £15,000 at to-day's values. It has survived, complete with its beautiful iron and lead railings and fine grey and white marble floor at its correct level. The rest of the floor of the Chapel has been lowered some three inches, probably in an attempt to give more steps to the sanctuary. To the same end the bases were sawn from the columns of the sanctuary, a six inch slice was removed from the columns and the bases were replaced.

A scheme for the appropriate redesigning and refurnishing of the sanctuary has been prepared by Mr. Louis Osman. He insists that it must be thought of as part of a completely restored building and so has prepared an outline scheme for the whole into which the present sanctuary scheme will fit as an integral part. He has not sought merely to produce an antiquarian reconstruction but to create a new and dignified setting to the altar and has envisaged a new and modern reredos exactly balancing the marble Guy memorial. It must be a work of equal quality and if it can be commissioned will be a wonderful challenge and opportunity for a first rate modern sculptor to produce a carved work of religious art.

For the time being the present altar must be retained ; but every attempt will be made to furnish it worthily. The Hospital has a Chalice and Paten dating from 1451, but a pair of silver, or silvergilt candlesticks with alms dish to match are required. It would be correct to find contemporary pieces but these are almost unknown and, as they are so rare, the price would be prohibitive. Modern designs, therefore, in the same elegant feeling as the building have been produced, but until the necessary money for them to be commissioned can be found, some temporary arrangement will have to suffice.

Work is to start almost at once on the only part of the design that is able to be commissioned from present resources. The green marble arch which will contain the reredos is now completed and the white marble symbol of the Holy Ghost which will poise at its head is nearly finished in the sculptor's studio. A start has been made. The result will look incomplete and out of proportion until further work can be put in hand, but even so there will be dignity and simplicity and a step will have been made towards the completion of a work which must appeal to all who love Guy's as well as those outside who love architecture and respect history.

We hope that help will be forthcoming from many who value the Hospital Chapel and what it stands for as well as from those bodies whose object is the preservation and enrichment of works of architectural and historic interest.

K.C.

NOT AS A STRANGER OF COURSE

(BUT AS A WARD-CLERK)

By "DAMOCLES"

It is hard indeed to recapture the atmosphere of an Indian bazaar—the hopeless complexity of a thousand unlit alcoves, the jostling and the bargaining, the carts and the canopies, the pariah dogs and the beggars amidst the dust, the heat and the glare. But the casual observer might find grounds for nostalgic reminiscence in a vast rabbit warren constructed by the generosity of Lord Dulverton adjacent to the Great Maze Pond. Admittedly the prescription machine does not argue over farthings; the cat looks fed if not washed; the flies are fewer if the heat is as oppressive and the smell is different if just as pervasive, but there cannot be many other places West of Suez where no distinction is recognized between 10 a.m. and 1 p.m.

Frederick George Curtail's first contact with this department was in a room labelled *REGISTRAR*. There was a curious atmosphere about the place—something brown and unpoetical yet British and solid, like individual steak pie. Nurse bundled F.G.C. unceremoniously behind some curtains and told him that the registrar would be arriving at any moment. Perceiving that the patient was a lady F.G.C. had a nasty feeling this was going to be an embarrassing gynaecological condition. With distinct apprehension he took the chair and seated the patient on the couch but she looked so uncomfortable perched up there that he made her change places immediately. The advantage in height this gave F.G.C. was so obviously impracticable that he moved her yet again, caught a dish with his arm, dropped his pen on the nib and began to subtract the number he first thought of. A painful silence ensued as F.G.C. blushingly picked up the bits, struggling all the while to recall how a history started. He turned for help to a green folder in the face of a growing conviction that the patient was silently summing him up. It contained two documents. The first was a general practitioner's letter from which he drew all the comfort a man reasonably can from six wholly illegible words: the other was a sheet of paper as blank as his own mind. Actually the G.P. was by no means the fool he looked—F.G.C. only made the mistake of writing legibly once.

There was nothing for it now. F.G.C. stumbled out helplessly into the room hoping to muster enough courage for a second assault. Unfortunately the registrar had arrived. He got back just as quickly as he knew how, but a loud voice said, "See what's going on in there, nurse". There was a titter as F.G.C. stopped abruptly and the papers dropped to the ground. Having recovered these with her help, all that he now needed was a chair. Suspecting there was one in the adjacent empty compartment he knelt carefully on the floor and put his head silently under the partition. Shrieks of laughter through the open curtain heralded another swift withdrawal.

The sweat began to pour down F.G.C.'s collar. Nurse came to 'give him a hand', which with nurses always means going to fetch something else. In this case it was a two-foot length of rubber tubing.

"You'll want that", she said.

"What's it for?" pleaded F.G.C. in a whisper.

"WHAT'S WHAT FOR?" replied nurse loudly.

"This pipe", said F.G.C.

"IT'S NOT A *PIPE*", countered nurse contemptuously.

"Well what the hell is it?"

"Don't swear," said the nurse, "tie it round her leg".

F.G.C. had by now a better audience than the registrar. In fact he almost won the day by nipping the patient's skin in the torniquet which elicited an ill-suppressed squeak to the huge delight of the mob outside. Whereupon the act was terminated with the minimum ado.

Exhilarating as registrar's out-patients may be, it pales before that of an assistant surgeon. His senior colleagues never get a sporting chance to work off their inhibitions what with trained nurses and the other gastrectomy clamp, but boy! life's good when you are an assistant surgeon:

"Nurse . . . Nurse . . . NURSE-E-E . . . These girls are never there when you want them. Now is this phlebitis, Curtail? No, its not, so we are back in square one . . . Where *do* these girls get to? There she is. That's not the one, nurse—I've been asking for this for five years, and when I get it they bring me the wrong one. Now I suppose you'll go sick—hm? Why do they always blame *me* for making their nurses sick—hm? Never mind nurse, never mind . . . WHERE HAS THAT GIRL GOT TO NOW?"

The key figure in any out-patient department is as you have probably discovered, the nurse. Her time in out-patients gives every nurse a thorough grounding in mother-craft. So far as patients are concerned her presence is superfluous, but a surgeon presents no small nursing problem. She makes his chair comfy, picks his toys up off the floor, finds him safety-pins and attends to his needs at feeding-time. Handling a consultant between twelve and half-past is perhaps the ideal preparation for trouble with a naughty child.

We must pass on. It is in the Front Surgery that one really sees life. F.G.C. took up his duties as a dresser in that department for the first time one Monday evening. A nurse asked him to sew up a workman. The first thing was apparently to leave the patient's shoes outside the theatre although exactly why F.G.C. never discovered, except that the toughest of men simply wilts at the prospect of exposing his socks and no baby cut off from its mother feels as helpless as a man cut off from his shoes. Alone in the wide-world in his stockinged feet the patient will virtually eat out of your hand as he picks his way to the table. He is made to lie immobile on a hard flat surface without even an adequate pillow and a light is shone straight into his eyes while a pre-occupied dresser gives evasive replies to his earnest enquiries after the safety of his footwear. All that is now needed is a nurse to stand and smile at him as if she had not noticed his feet. This sort of premedication reduces a patient to such a sponge that it becomes scarcely necessary to subject him to the horrors of your clumsy attempts at anæsthesia, and even if you do he will hardly notice even that. But unless you lack any drop of the milk of human kindness refrain from one thing. The average Englishman would rather be told by a straightforward judge that he will be hanged by the neck until he be dead, than be told by a shifty-eyed dresser, "It won't hurt, old chap".

F.G.C. addressed himself to the business in hand. He remembered very properly to take the top off the instrument tin before beginning to scrub. With immaculately pink hands (pink by virtue of the primary burns he had just sustained) he draped a fair white sterile towel around the filthy paw of an astonished old Irishman, only to discover what we all discover in our time, namely that the top is still on the procaine bottle. Well, by the time F.G.C. had gone through the familiar ritual of breaking his thumbnail, borrowing scissors of nurse and fighting a battle with his conscience before scrubbing all over again, he had learnt a very useful little rule, namely—beware of shutting the accident theatre door. Sir Arbuthnot Lane was a very clever man, the Casualty Surgeon is another, but neither has developed a sterile dry-finger-no-touch technique for opening the theatre door in an emergency to shout, "Nurse". F.G.C. only once tried shouting with the door shut. The first to appear on the scene was Sister, because Sisters, unlike policemen and doctors, take the shortest route to scenes of violence. "How do you tie a knot?" asked F.G.C., rather conscious that he had got more than he bargained for.

Sister sent for the O.P.O., but F.G.C. had had quite enough. He swiftly unthreaded the needle, tied an honest reef (what surgeons call a "physicians' knot", out of contempt for honesty, reefs and physicians), told the patient where his shoes were and cleared out. F.G.C. had at last learnt the first principle both of surgery and of medicine. As a firm of jam manufacturers have so aptly put it—*Pierce with pin. Then push off.*

JANET AND I

By R. A. J. WEBB, M.B., B.S.

You might be interested to learn that our examiners are not such highly imaginative fools as we suspected at the time of our finals!

I learnt this from Janet—a name hitherto associated in my mind with remarkably attractive persons. This Janet was a hurricane which visited the Grenadines, a chain of really beautiful little islands stretching from St. Vincent in the north to Grenada a hundred miles to the south, and she was not attractive at all. You can see the damage she did in the photos.

I went down from St. Vincent two days after the hurricane on a relief and inspection tour of the islands, but before we reached the devastated (*sic.*) area, the coconuts, chairs, tables and house boards floating in the sea gave us a gloomy warning of the morrow.

At one island I was asked to go ashore and visit two people. This involved struggling in the surf (after the boat capsized) and a damp nurse and doctor trudged up the mountain where, near the top, we found an old lady (and an important one too as she controlled all the smuggling in the area). She had a 7 inch cranial laceration, anuria and a query broken back and femur and weighed 17 stone. All right then. What's best? The boat again and hospital eventually or treat and leave her?

The other case was a delay in the first stage of labour. After examining her I felt that under the circumstances a delay was not abnormal and gave her some pethidene.

The Main Street. Note the wooden house more or less complete but upside down.

All three are doing well.

But I recognized the old gambit whilst I was thinking what to do. You remember "Now you are up a mountain with no . . . etc. What would you do?"

CLUBS' UNION ANNUAL BALL

The Annual Ball of the Clubs' Union will be held at the Dorchester Hotel on Thursday, 22nd December, from 8.30 p.m., to 2 a.m. Mrs. J. S. Batchelor has kindly agreed to act as Hostess. The Ball was initiated in 1951 in response to a popular demand among students for a major social function of this nature, and has proved to be most enjoyable on each occasion. As in the past it is hoped that many old Guy's men and members of the Staff will attend. In an endeavour to make the cost more in keeping with the finances of students the price for them has been specially reduced to £2 10*s.* (double ticket). This barely covers the expenses but it is anticipated that increased attendance particularly from the preclinical groups will justify the reduction. For guests other than students a double ticket will cost £3 3*s.* Supper will be provided and raffle prizes include a turkey, various bottles of liquor and suitable gifts for the ladies. An order form for tickets will be appearing in the next issue of the *Gazette*. Tickets will also be obtainable from the Medical School Office and from certain members of the Clubs' Union, the names of whom will appear on posters to be exhibited shortly.

CORRESPONDENCE

Letters to the Editor of the Gazette

Radioactive Isotopes at Guy's

From Professor G. Payling Wright

SIR,—For the information of those readers of the *Gazette* who may be interested in the applications of radioactive isotopes in clinical medicine, it may be pointed out that as long ago as December, 1949, the Hospital Governors offered to set aside a considerable sum from their Endowment Fund for the establishment of a Radio-isotope Unit, and that in March, 1950, the Medical School Council recommended that this offer should be accepted "subject to the selection of a suitable site". It was only lack of accommodation which prevented this development. Nevertheless, iodine was in use for thyroid investigations in the Radiotherapy Department as early as 1950, and radioactive phosphorous was used for the treatment of polycythaemia. In 1953 an Isotope Research Fellow was appointed whose responsibility it was to introduce those diagnostic methods that had already become established elsewhere and to develop new and improved techniques by further research. A Joint Advisory Committee of the Medical Committee of the Hospital and the School Council was set up for the special purpose of promoting the use of radioactive isotopes at Guy's. As a result of the activities of the Research Fellow, a number of diagnostic procedures based on these isotopes are already being used at Guy's. Amongst them, for example, are the application of radioactive iodine in research investigations of disordered thyroid function in the Department of Endocrinology, and the use of radioactive sodium in the Cardiac Department. Inspection of the list of publications from Guy's as given in the *Gazette* will show that some dozen research papers involving the use of radioactive isotopes on these and on other questions appeared during the past year.

As might be expected, the introduction into clinical medicine of technical methods of a notably novel character has provided numerous problems of an unusual kind. Some of these have now been solved, and it is hoped that in the near future a memorandum will be drawn up that will provide information upon the currently available methods and the means by which they can be brought into routine operation in the Hospital.

Yours, etc.,
G. PAYLING WRIGHT,
Chairman of the Joint Committee for Radio-active Isotopes.

The Landon Tea Party.

From the Superintendent

SIR,—I should be grateful if you would call the attention of your readers to the Landon Tea Party, which will be held in the Out-Patient Department on Friday, 23rd December, 1955, at 3.15 p.m. The Fund was originally established by an old Guy's man, Dr. Landon, to provide a Christmas entertainment for 200 or so children of the Borough who have been patients of the Hospital. This party is always a most popular event and is eagerly anticipated for weeks beforehand by all our small friends who look forward to receiving invitations. In course of time the fund has gradually become sadly depleted and we should be most grateful for contributions from any of your readers to enable us to continue to provide this party which has been a feature of Guy's for more than 50 years. Donations should be sent to Sister Out-Patients, Guy's Hospital, S.E.1, and she would welcome any visitors who would care to see the party in progress.

Yours, etc.,
W. D. DOHERTY,
Superintendent.

Superintendent's Office,
Guy's Hospital, S.E.1.

Nurses' Homes.

SIR,—Although agreeing with some of the points raised by "four S.R.Ns." about the Nurses' Home in a recent issue, I do not think the matter has been fairly represented. Those four nurses may now "live out" and naturally will choose to do so. When they become non-resident they will discover the advantages of constant hot water, free light and heat, free radio and television provided in the Home. When they have realized that cooking breakfast means getting up earlier, that washing up has a very high nuisance value and that season tickets have to be paid for, they may look back regretfully to the days when they lived in the Nurses' Home for £2 15s. 7d. per week.

Yours, etc.,
B. B. WHYTE.

School of Nursing,
Guy's Hospital, S.E.1.

Thanks to South Africa

SIR,—May I, through the medium of your columns, express my sincere thanks to all those Guy's men who contributed to the very real pleasure of my recent visit to South Africa.

I would like to express my particular indebtedness to Lindsay Barclay of Cape Town, Bill Kendrick and Francis Copley of Durban, and to all those at Johannesburgh who, under the Chairmanship of John de Villiers recaptured the festive spirit of the "Spit" at the Transvaal Automobile Club at a dinner in honour of Robert Bradlaw and myself.

Yours, etc.,
E. MATTHEWS.

Department of Prosthetics,
Turner Dental School,
University of Manchester.

SPORT

RUGBY FOOTBALL

Guy's *v.* Bedford

15th October, 1955
At H.O.P. Result: Lost 8—0

This game, coming after three successive defeats, the last of them resounding, found us still without Lindsey in the centre and without Labuschagne in the pack. Under the circumstances, the final score represented to some extent the promise of a recovery of form, although no result which is not a victory can ever be entirely satisfactory.

Guy's began by pressing and almost scored in the first ten minutes, when Hawley broke clean through only to see his pass to Evans dropped 15 yards from the line. Soon however, Bedford began to look dangerous, and they were notably quicker on snapping up a loose ball and finding someone to pass to in improvised attacking movements. Guy's handling was neither as swift or as sure, and mistakes on either side usually appeared to give Bedford the ultimate advantage.

Half-time had brought no score although two chances for penalties had been given to Bedford, both of which they had failed to achieve.

In the second half the Bedford three-quarters found their full constructive rhythm in pace and attack and only excellent tackling by the Guy's outsides and covering forwards, Hawley and Cooke being particularly prominent in this respect, prevented a score. It remains evident that the difference between our opponents and ourselves was that their line began moving from the moment their ball came out of the scrum, whereas ours was compelled to launch attacks from a standing start. Our fly-half never took the ball flat out and running straight, and not infrequently might be virtually left out of the movement altogether, Hackett or Hawley taking a pass themselves standing still and having to gain speed and evade the opposition before an attack had developed at all. At the risk of appearing tediously repetitious, it must be emphasized that until we have an attack which starts with a fly-half at top speed and running dead straight we can neither deserve or expect to pile up a reasonable score.

Unfortunately, Buirski was hurt about midway through the second half and Bedford seized their chance to take a man out of the pack to give them one extra in the three-quarters. Despite isolated individual breaks by Hawley and Hackett—sacrificed because cohesion and pace among backers up was sadly missing—we failed to complete a movement, whereas eventually Bedford put over Micklewright for a try which Collingridge converted. A few moments later Lawrence missed a tackle and we were another three points down from an unconverted try.

Despite efforts in defence which were on the whole consistently if only desperately successful and despite also the ability and speed of individual members of our three-quarters we had once again lost a game that better co-operation might have enabled us to win against an undoubtedly first class side. Until our scrum-half and fly-half combine to send our attack into action at top speed we shall continue to face problems which better finishing would have prevented.

Team: J. D. Carroll; C. E. Evans, G. W. Hackett, R. T. Hawley, J. Leyshon; D. Lawrence, R. K. Knight; J. S. Van den Berg, M. A. H. Russell, R. W. May, D. M. Smith, R. C. Morgan, A. Buirski, S. A. R. Cooke (Captain), D. A. Lillicrap.

Guy's Hospital *v.* Plymouth Albion

At Plymouth. 22nd October, 1955
Won 6—3

The team did well to beat Plymouth in the first game of the Devon tour. The game was played in the morning but although it was a fine day the players had to contend with a gusty wind which made kicking and passing very difficult.

The Hospital played against the wind in the first half and from the start we kept up an incessant attack on the home line and a score was not long forthcoming. Hackett, receiving a very nice pass from Knight, kicked diagonally across the field where the ball was beautifully picked up by Leyshon who sprinted for the corner and scored a very good try. Our opponents then caused us some anxious moments and only some excellent covering and good tackling kept them out. Nevertheless, just before the end of the half one of their centres receiving a long pass neatly dropped a goal and we turned over three points each.

The second half was conspicuous by some robust play by both sides and the high wind made the game rather scrappy. However, Guy's were unfortunate not to score when Evans was stopped inches from the line after a good three-quarter movement and on another occasion Leyshon had the ball knocked out of his arms as he was about to touch it down over the line. About fifteen minutes before the end Lillicrap won the game for us by forcing his way over from a line-out 10 yards from the home line. Subsequently Plymouth pressed hard but the defence held firm until the final whistle.

It was not a great game but the Hospital thoroughly deserved their win. In a pack of forwards which showed a lot more life than previously English playing in his first game caught the eye repeatedly, and Cooke, Henderson and Lillicrap were others who played splendidly throughout. Knight at scrum half served a good stream of passes to his backs as well as being resourceful in his defensive play. The rest of the backs played well despite the conditions, Leyshon being particularly effective on the left wing.

Team: J. D. Carroll; C. E. Evans, E. D. Keen, R. T. Hawley, J. Leyshon; G. W. Hackett, R. K. Knight; R. Henderson, D. Richards, R. W. May, J. S. Van den Berg, D. Smith, T. M. English, S. A. R. Cooke, D. A. Lillicrap.

Guy's *v.* Old Whitgiftians

At H.O.P. Saturday, 29th October
Won 6—5

In a disappointing game at Honor Oak Park, Guy's defeated Old Whitgiftians by a penalty and a try (6 points) to a goal (5 points).

After their successes in the West country the previous weekend, one expected rather better things from Guy's. It must be said, however, that a reshuffling of the back division necessitated by an injury to Hawley, had an unsettling effect on the three-quarters whose play was untidy and lacked thrust.

In the first half Hackett chose the diagonal kick as his main tactic and Evans was twice unfortunate with the bounce of the ball when a try seemed certain. The Guy's forwards were getting more than their share of the ball, but despite an excellent service from Knight, the midfield players made little use of the opportunities that came their way.

When Old Whitgiftians were penalised for an infringement just outside their "25" Armour took the opportunity of kicking an excellent penalty goal. A few minutes later, following a break by Hackett, Evans scored near the corner flag. Half time soon followed with Guy's leading 6—0.

The play of both teams deteriorated in the second half, but Old Whitgiftians managed to muster enough enthusiasm to score a try by Tullett which was converted by Shaw. This was the only score in the second half, and the game ended with the old boys trying desperately to snatch a winning score.

Thus ended a disappointing game, with Guy's victors by one point. The one encouraging point noted was the good form shown by Armour, who appears to be settling down well to the full back berth.

Team: A. J. Armour; C. E. Evans, E. D. Keen, J. D. Carroll, J. Leyshon; G. W. Hackett, R. K. Knight; J. S. Van den Berg, D. J. Richards, R. W. May, R. C. Morgan, D. M. Smith, D. A. Lillicrap, S. A. R. Cooke(Captain), T. English.

Guy's *v.* Old Blues

At H.O.P. 5th November
Lost 3—5

This was not simply a disappointing result; for Guy's supporters and the team alike, it was a mortifying experience. Guy's led from the first minute and lost the game in the last 30 seconds. For almost the whole of the rest of it they looked like increasing their lead, and might well have won by a margin of double figures. Once again good openings, and on the whole an improved defence, was spoilt by poor finishing.

The game had not been in progress for more than 45 seconds when Armour kicked a splendid penalty to give Guy's a three point lead. Thereafter we launched a number of attacks with Hackett showing improved form back in his correct position at fly-half, taking his passes on the run and for the most part carving a straight line of attack for his centres. Hawley, returned after a brief absence from injury, played a magnificent game. He made a number of excellent cuts through, and on one occasion was robbed of a try only by slipping on the wet ground less than 18 inches from the Old Blues' line with not a man between him and the score. So frequent were the Guy's attacks that it seemed remarkable that half time came with no further score. However, failure so close to the line can only be explained by wild last minute passing, and a lack of positioning by those backing up so that they either are not visible to the man they are supporting or remain separated from him by an opposing defender.

After half time Guy's still had most of the game but sporadic attacks by the Old Blues looked dangerous when Bateson got the ball on the right wing. Hawley and Cooke set an outstanding example in covering and tackling throughout the match. It was therefore doubly hard that when, in the last 30 seconds of the game, a grounded kick from Lohn at fly-half for the Old Blues bounced straight towards the Guy's posts, Hawley and Cooke both attempting to gather the ball, collided with each other and in the ensuing muddle were unable to prevent an Old Blue hand from touching down between the posts. A simple conversion was followed by no side. Once again despite promise and dash Guy's had lost a game they should undoubtedly have won.

There is still room for an improvement in finishing and in fitness; in the last three minutes not more than half the Guy's forwards were getting round the ball in defence, although our line was under constant attack. Armour showed that with a little more experience at full back he may well solve our problem in this position.

Team: A. J. Armour; J. Leyshon, E. D. Keen, R. T. Hawley, C. E. Evans; G. W. Hackett, R. K. Knight; J. S. Van den Berg, M. A. H. Russell, R. C. May; R. C. Morgan, D. M. Smith; D. A. Lillicrap, S. A. R. Cooke (Captain), T. English.

ASSOCIATION FOOTBALL

Inter-Hospitals' Cup

Guy's will meet Charing Cross and Royal Dental Hospitals in the first round of the Inter-Hospitals' Cup on Wednesday, 16th November, on the Charing Cross ground at Colindale, kick off 2.30 p.m.

Guy's *v.* St. Mary's Hospital

Away on 26th October
Result: Guy's 1 St. Mary's 1

Guy's, whose team included six players new to the first team can claim great credit for holding a strong St. Mary's team to a draw. At first the ball was seldom out of the Guy's half, but determined tackling and covering by the Guy's defence prevented the St. Mary's attack from shooting effectively. St. Mary's did score after twenty minutes when their inside left converted a centre from the right wing. Guy's were lucky to equalize ten minutes later when the St. Mary's goalkeeper dropped a speculative drive from Forsythe over his own line.

Guy's had more of the game in the second half. The forwards who had spent much of the first half helping the defence began to get more of the ball and gave the St. Mary's defence some *anxious moments. However, neither side scored* again, and Guy's, although they played hard to the end, were lucky to avoid defeat.

Rowland, Missen and Sutton played outstandingly well in a fine team effort.

Team: Rowland; Missen, Bates; Forsythe, Sutton, Dearlove (Captain); Barrett, Parry, Seare, Humphreys, Everard.

Guy's *v.* Middlesex Hospital

At H.O.P. on 29th October, 1955

Result: Guy's 2 Middlesex 0

Although Guy's won easily they were not at all impressive due to much aimless passing especially in the penalty area of the opposition.

The defensive triangle of Missen, Sutton and Smith again demonstrated the pleasing fact that they are the best combination by far in hospital football. Their anticipation and understanding with Lewis, the Guy's 'keeper, who has regained his old skill and confidence has worked wonders with team spirit this season.

Guy's always on top, scored after fifteen minutes through Maggs who ran between the opposing centre half and wing half to push the ball past the advancing goalkeeper.

Watmore and Cornhill started several promising movements which unfortunately broke down due to the final pass going astray .

Guy's new right winger Barry-Taylor found it difficult to stay in position due to his roaming tendencies, but much is expected from the promise shown by him today.

Watmore scored a fine goal in the second half of a game now being played at half pace possibly due to the very hot conditions.

Team: A. Lewis; A. Missen, D. J. Smith; G. Cornford, M. Sutton, P. Fanning; N. Barry-Taylor, C. Maggs (Capt.), K. Watmore, B. Cornhill, S. Humphreys.

Guy's *v.* Westminster Hospital

At Cobham on 2nd November, 1955

Result: Guy's 2 Westminster 5

Guy's were unfortunate enough to commence this game with nine players only, and during the opening period of fifteen minutes when Guy's were thus deficient, Westminster pressed home their advantage to score two quick goals.

Guy's held on until their team was completed and immediately reduced the arrears, with a fine goal scored by Maggs converting a splendid through ball from wing half Fanning.

Westminster fell away badly but Guy's now completely dominating the game failed to score an equalizer, although presented with numerous opportunities by the hard working defence.

The second half commenced at the same tempo as the latter half of the first, with Guy's playing the better football; however, a dramatic change overcame the Guy's team when every movement ended with a perfect pass to the opposition.

Westminster thus encouraged by the break-down *of Guy's passing pressed hard for long periods* and were rewarded with three excellent goals which gave Lewis the Guy's goalkeeper no chance whatever. However, Cornhill reduced the arrears in a goal mouth scramble.

A bad fault ever present among the Guy's forwards throughout this match was the long range shooting for goal, when the numerous opportunities offerred to them warranted finishing in the Westminster penalty area.

Team: A. Lewis; A. Missen, D. J. Smith; G. Cornford, M. Sutton, P. Fanning; N. Barry-Taylor, C. Maggs (Capt.), J. Jaworski, B. Cornhill S. Humphreys.

Guy's *v.* St. Thomas's Hospital

At Cobham on 5th November, 1955

Result: Guy's 6 St. Thomas's 1

The second visit to Cobham in one week proved more fruitful for Guy's. A great improvement all round especially in quick accurate passing resulted in Guy's scoring after ten minutes, Maggs shooting through a line of much harassed defenders, after good approach work by Fanning and Watmore.

Guy's were far superior in all departments of the game and quickly snapped up the many loose passes of the St. Thomas's forwards, but were unable to find the net, although there were many near misses.

During the second half, Guy's appeared to play at half speed with devastating results. Due to the now even more accurate passing between the Guy's forwards and especially the wing half backs Cornford and Fanning, five quick goals were added to the one scored in the first half through Watmore (two including a penalty) Humphreys (two) and Cornhill.

Thomas's scored a late goal due to bad calling by the defence.

A pleasing feature of this game was the long awaited team work of Guy's, from its outstanding defence to the much improved forward line with much admirable hard work got through by wing halves Fanning and Cornford.

Team: A. Lewis; A. Missen, F. Beavis; G. Lornford, M. Sutton, P. Fanning; N. Barry-Taylor, C. Maggs (Capt.), K. Watmore, B. Cornhill, S. Humphreys.

LADIES' SQUASH

Inter-Hospitals' League

Guy's *v.* St. Bartholomew's Hospital

24th October.

Result: Won, 3 matches to 2; 9 games to 7

ROWING

The Inter-Hospitals Regatta will be held at Putney on Wednesday, 23rd November. Support is cordially invited.

HOCKEY

Guy's *v.* Kingston G.S.

At H.O.P. Saturday, 29th October

Lost 3—6

This game demonstrated yet again, that the reputation held by Kingston G.S. for excellent hockey, is fully justified. With several first choice players absent, Guy's realised from the beginning they were to have a stern game, yet it was not until the closing stages that they showed any constructive determination in their play.

For the first few minutes both sides seemed evenly matched, but the schoolboys soon demonstrated their superior fitness and skill, so that, by half time, they had gained a well earned and confident lead of 4—0. After fifteen minutes, with the Guy's forwards in somewhat sluggish mood, and the defence having been found wanting, Morgan was moved to inside right, in place of Woodman, the latter's play improving *at right half. This change gave new punch to* the attack, but the school defence was more than equal to this new threat to their goal.

Soon after half time the lively school forwards snapped up two more chances to give them a 6—0 lead, enough to disorganise most opponents, but luckily not Guy's! By now the Hospital were stung by such a performance and began to produce better hockey. It was a serious blow, therefore, when Paul was crippled by severe cramp, being forced to leave the field for ten minutes, returning as a semi-passenger on the left wing.

Presently Steyn broke through to score for Guy's, this being followed by a further goal from Podd. The Hospital now began to gain considerable territorial advantage for long periods and Morgan produced a brilliant shot, giving Guy's further encouragement. Unfortunately this revival was too late and Kingston had won the game by clever, positive hockey.

Team: G. R. Morris; D. R. Laney, H. M. Tuddenham; M. J. Woodman, W. R. Knapman, R. W. Elsdon-Dew; R. Podd, M. M. Morgan, M. Steyn, R. R. Paul, D. Pickering.

Guy's 2nd XI *v.* Kingston G.S. 2nd XI

Away. Draw 4—4.

Guy's *v.* N.P.L.

Teddington. Saturday, 5th November
Lost 1—2

Guy's lost this match after leading for the majority of the time by the odd goal. Chances there were galore, from which the Hospital should have established a commanding lead, but lack of cohesion and poor finishing by the forwards, denied Guy's of a victory over an obviously less skilled and weaker side.

The defence was good, giving steady support and service to the attack. Three short corners were missed by the Hospital, while N.P.L. scored twice in the second half with quick, hard shots.

Bevan-Thomas scored in the first half for Guy's, following a brilliant centre from Podd; the latter had a splendid game throughout.

Guy's need far more determination, thought and keenness on the field, if they are to start gaining winning results, in preparation for the cup matches.

Team: N. Clarke; D. R. Laney, H. M. Tuddenham; M. J. Woodman, W. R. Knapman, R. Hammond-Doutré; R. Podd, M. Steyn, D. Bevan-Thomas, R. R. Paul, D. Pickering.

JUNIOR INTER-HOSPITAL HOCKEY CUP

Guy's 2nd XI *v.* London Hospital 2nd XI

2nd November, 1955

At H.O.P. Won 6—0

This first round cup match resulted in an easy win for Guy's by 6—0. The first half produced poor hockey from both sides and although Guy's did most of the attacking, only one goal was scored. This came after 25 minutes play when B. Clark seized upon a poor clearance and netted easily. It was obvious that Guy's would have to play faster and more accurate hockey in the second-half if the London Hospital's packed defence was to be beaten.

After the interval, Guy's did in fact play better and five goals were scored without reply. Following a seige of the London goal, the ball ran loose to Cryer at the edge of the circle and he scored with a hard shot. A few minutes later, Woodman dribbled his way through a crowd of players and flicked the ball high into the net. Soon after this goal, London had one of their rare chances to score when they were awarded a penalty bully, but Russell succeeded in clearing his lines. Guy's attacked hard after this and Bevan-Thomas scored the fourth goal, after good work by Steyn on the right wing. Ten minutes from time, Woodman netted his second goal after a scramble in the London circle. The final goal was scored by Cryer with a good shot, after the opposing goal-keeper had brilliantly saved several shots in quick succession.

On their display in the second-half, Guy's must have a good chance of regaining the Junior Cup, but there are no grounds for complacency. Numerous chances were missed in front of goal and too many passes went astray. The next round is likely to offer stronger opposition, when we meet the winners of the Westminster Hospital *v.* Middlesex Hospital match.

Team: G. Morris; K. B. Tyrer, N. Russell; H. Pritchard, J. G. Miller, R. Hammond-Doutré; M. Steyn, M. Woodman, D. Bevan-Thomas, B. Clark, B. Cryer.

HOSPITAL INFORMATION

APPOINTMENTS

Mr. P. B. Counsell, M.S., F.R.C.S., has been appointed Consultant Surgeon to the Ipswich and East Suffolk Hospital Group.

UNIVERSITY OF OXFORD

R. V. Coxon, M.D., D.Phil., F.R.C.S., has been elected to a Professorial Fellowship at Exeter College.

GUY'S HOSPITAL

DENTAL HOUSE SURGEONS

8th November, 1955 *to 7th May*, 1956

General Duties:
Mr. A. D. Wheeler
Mr. J. W. Osborn
Mr. D. F. Crouch

Resident:
Mr. D. J. Chant

Prosthetics Department:
Mr. R. D. G. Stevens

Children's Department:
Mr. A. R. Grice.

APPOINTMENTS VACANT

GUY'S HOSPITAL, S.E.1.

Applications are invited for the post of **Surgical Registrar** from 1st January to 1st September, 1956. Grading: Registrar—1st year. Forms of application should be lodged with the Superintendent not later than **23rd November, 1955.**

GUY'S MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the post of **Senior House Officer** for six months commencing 1st January, 1956. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within seven days of the appearance of this advertisement to K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.

STUDENTS' HEALTH SERVICE

Mass Miniature X-ray

The *Ministry of Health Mass Miniature* Radiographic Unit will be at Guy's on 16th November, and subsequent days for the routine examination of students in the Medical and Dental Schools.

Before this date, notices will be posted in the Medical School, Dental School, Colonnade and College, *giving the times of appointments.* It is hoped that all students will make every endeavour to attend promptly at the time asked, so that examination may proceed rapidly and efficiently.

Should a student find that his name does not appear on the list, he should communicate at once with the Secretary to the Students' Health Service.

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

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Wanted

DENTAL CHAIR any condition. Preferably *in South West. 4 Edgar Building, Bath.*

DENTAL ASSISTANT. S. Norwood, with several years' experience—view purchase part goodwill of N.H.S. practice and engagement in group practice, i.e., sharing expenses but not profits. Living accommodation not available. Box No. 122.

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BLACKHEATH. Recently converted s.c. flats in attractive Georgian house £2,600, 99 yrs. lease at £15 p.a. Large lounge, dining room, 2 bedrooms, kitchen, bathroom, W.C. Gunbie, Priory Lodge, Priory Park, S.E.3. Tel.: Lee Green 2526.

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Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PASS LIST

ROYAL COLLEGE OF PHYSICIANS OF LONDON

M.R.C.P.

October, 1955

D. A. F. McGill

SOCIETY OF APOTHECARIES OF LONDON

Final Examination

October, 1955

Surgery

A. H. Atkinson
D. H. Brennan
St. J. Dowling
D. A. Gilchrist
*A. H. Sears
C. P. K. Watson

Pathology, Bacteriology and Forensic Medicine:

R. A. Harlow
M. A. C. Lyon
A. M. Marcus
P. J. Sandison
G. Wood

Midwifery

A. M. Marcus

*Has completed the examination.

NURSING NEWS

Left: S/N J. Simmonds.
S/N Purdie.

Entered: S/N M. Lee (Theatres)
Sister A. Purdie (Orpington Night Sister)

Left: S/N McMurray.
S/N J. Hopkins } Study leave.
S/N J. Muddle }

Transferred: S/N J. Shepherd to *Elizabeth* ward.

Entered: S/M Webb to *Victoria.*
S/N M. Hockin to Theatres.
S/N D. Carter to *Bright.*
S/N M. Freeman to *Job.*
S/N B. Salmon to *Nuffield D.*
S/N J. Caushley to *Nuffield B.*

GUY'S HOSPITAL REPORTS

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Bockner, Victor. A Collection of Obstetric Forceps, with an Historical Review. pp. 215-230.

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Zorab, John S. M. and Jackson, Edward P. Status Bonnevie—Ullrich. Report of a Case and a Discussion on Related Conditions. pp. 258-261.

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Lyne, P. J. Acute Appendicitis in the Young Soldier. pp. 268-274.

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A. D. Tuddenham, Capt. R.A.M.C., "Korea", c/o Medical Reception Station, Ambrosden, Nr. Bicester, Oxon. (Tel.: Bicester 260, Ext. 336).

E. A. Williams, F.R.C.S., M.R.C.O.G., The Old Turnstile, Barford St. Michael, Deddington, Oxon.

BIRTHS

MACRAE-GIBSON.—On 17th October, 1955, at 36 Brockley Park, S.E.23, to Jeanette (née Johnson), wife of N. K. Macrae-Gibson, M.B., B.S., D.C.H., a son (Gavin Angus).

PENNEY.—On 19th October, 1955, to Belinda (née Rudd), wife of G. St. John Penney, M.A., M.B., B.Ch., D.C.H., of Bishop's Castle, Shropshire, a son (Adrian Peter St. John).

TUDDENHAM.—On 11th October, 1955, at Bicester Cottage Hospital, to Betty, wife of A. D. Tuddenham, M.B., B.S., M.R.C.S., a daughter (Susan Elizabeth), a sister for Peter.

MARRIAGES

COATES—McNAIR.—On 22nd October, 1955, at St. Peter's Church, Vere St., London, W.1, G. H. Dickman Coates to Mary McNair, S.R.N.

CUMBERBATCH—BRIDGEWATER.—At St. Mary Magdalene, Wandsworth, John Barrie Cumberbatch, B.Sc., to Jean Mary Bridgewater, M.A.O.T.

KATARIA—PASRICHA.—On 18th September, 1955, at Calcutta, India, Dr. Mohan S. Kataria, M.R.C.S., L.R.C.P., D.P.H., D.I.H., to Bina Pasricha, 39 Palace Rd., Tulse Hill, S.W.2.

MANSFIELD—DARTNALL.—On 12th October, 1955, at Tonbridge Parish Church, Colin Paul Mansfield to Theo Dartnall.

PALMER—PORTER.—On 27th April, 1955, at Holy Trinity Church, Freetown, Sierra Leone, the Rev. G. O. L. Palmer, M.A., to Miss I. M. H. Porter, S.R.N.

DEATHS

AYLING.—On 13th October, 1955, George Edwin Ayling, Major I.M.S. (retd.), of 13 Rest House Rd., Bangalore, India, aged 61 years.

CLARK.—On 1st September, 1955, Edgar Clark, L.D.S.R.C.S., of 2 Albert Road, Southport, Lancs.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

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PASSIM

Operatic Morbidity and Mortality

A RECENT visit to Covent Garden's magnificent production of *Otello* produced a moment's discomfort which was evidently shared by Mr. Eric Blom, who commented on it in an essay on "Operatic Death" in the *Observer*. The moment comes when Desdemona, two minutes after being suffocated by her lord and master, manages to sing a few words and then expires without further help from him; an absurdity which, it must be admitted, the faithful Boito took over straight from Shakespeare. For some reason it does not seem so ridiculous in the play, although the situation is identical. It is hard to say why a gasped "Commend me to my kind lord: O, farewell" is more acceptable than a sung "Al mio Signor mi raccomanda; muoio innocente: Addio", for where sung conversation is the convention in this 'exotic and irrational entertainment' there should be no extra illogicality in taking leave of life on a B flat. Evidently our willing suspension of disbelief boggles at death from asphyxia accompanied by an activity which we know from experience to require maximum respiratory effort.

Mr. Blom notes other examples and suggests that a musical doctor should compile a list of all suspect operatic deaths. It would make a fascinating study, though it is doubtful whether any of the less enlightened universities would accept such a thesis for an M.D. ("A collected series of 100 cases of atypical death from pre-Christian Egypt to 19th Century Paris"). The medical mind will immediately begin to classify, and one of the major divisions will be Traumatic: homicidal, suicidal and accidental. There are plenty of examples of the first two sub-divisions; pride of place in the last will surely go to the ballistically extraordinary occurrence in the first scene of *La Forza del Destino,* when Alvaro, caught in the act of eloping with the Marquis's daughter, throws away his pistol in surrender, whereupon it goes off and inconveniently kills the irate father. Most homicidal deaths are more acceptable than Desdemona's. Mr. Blom is worried by Siegfried's long autobiographical solo after receiving his fatal stab, but an imagination willing to be convinced can conceive of progressive weakness from hæmorrhage. (That the blood is usually invisible or an unlikely colour is not important.) This could explain the countless times on the Elizabethan and Jacobean stage when a cry such as "I am slain" is followed by a long passage of the purplest hue before the explicit stage direction [*Dies*] appears in the margin. But this sort of thing has to be managed better than in the disastrous production of *Tristan und Isolde* in the Festival Hall this year, in which Melot's 10-yard sprint into the wings ("Weh mir! Tristan!" [*Er stirbt*]) after Kurwenal's sword had hewn the air far downstage of the proffered axilla was merely ludicrous.

There must be something on the credit side of the balance, and the same scene provides an example in Tristan's exquisitely painted delirium and death (could it be due to septicæmia from Melot's rusty sword?), on which Wagner lavished all his musical and psychological subtlety. Even more moving is the death of the Commendatore in *Don Giovanni*. From the beginning of the duel to his last breath is a mere 24 bars, but it is a passage without parallel. The glint and clash of swords and the fatal thrust are economically but brilliantly painted, and then, to the accompaniment of slow triplets heavy with mortality, the different reactions of the Don and Leporello blend *sotto voce* with the old man's dying words—and his breath really does come in gasps and with progressive difficulty until the end, when the woodwind round off the scene with a plaintive chromatic figure which dissolves into another key for the ensuing recitative.

Opera yields many fascinations for the physician as well as the surgeon. We can remember a lecture within these walls on "Pulmonary Tuberculosis" which began with a graphic description of a 16-stone Mimi coughing out her last minutes surrounded by five palpably overfed poverty-stricken Bohemians. Then there is *La Traviata*, with Marguerite in a similar predicament, where the doctor's cursory examination seems influenced by the slender chance of ever receiving his fee. Neither are the level-headed English exempt from medical controversy in opera. Witness the endless arguments over Jack Point's exact fate at the end of *The Yeomen of the Guard*—this despite the impossibility of any actor conveying the difference between dying and "falling insensible", as the libretto has it. Henry Lytton started it all, but it was Martyn Green who tried to clinch the matter by an occasional stifled cough and progressively paling make-up—indicating, presumably, a phthitic condition of the most galloping nature.

One question on which we have consulted high authority in vain is how a strain of the poliomyelitis virus came to be named after Brünnhilde. One visualizes some great Wagnerian soprano being smitten down at Bayreuth on the eve of the performance, and finding her personal Valhalla in an unexpected manner while the management worked out a last minute change in programme. But this cherished illusion crumbles in face of the discovery that the virus was first isolated in a Middle West township which has probably never had a performance of *The Ring* within a hundred miles. Anyone who can clear up this mystery will earn the gratitude of perturbed Wagnerites.

We must leave this intriguing subject until, perhaps in the twilight of retirement some fifty years hence, after a lifetime's collection of material, an authoritative volume of this particular branch of Useless Information may take shape—unless of course we are forestalled by one of those consultants whom we glimpse with surprising regularity on the respectable side of Bow Street and in a certain blessed spot on the Sussex Downs.

It is with great pride that we record the installation of Her Majesty Queen Elizabeth the Queen Mother as Chancellor of the University of London. The Installation Ceremony took place in the Festival Hall on Thursday, 24th November.

The University, of which the Medical School at Guy's is an integral part, will gain much from having so universally-loved a Chancellor.

As we went to press, we learned with deep regret of the death, on 23rd November, of Mr. T. J. Evans. Mr. Evans was Dean of the Medical School from 1937 to 1945 and Lecturer in Biology for many years. We take this opportunity of expressing our sympathy to his family. A fuller note will appear in our next issue.

We note that Dr. L. Rendell-Baker who is well known as an anæsthetist in Cardiff and who is an old Guy's man, is spending the next year as Fullbright Exchange Assistant Professor in Clinical Anæsthesia at the Mercy Hospital, Pittsburgh. We hope his stay in America will be enjoyable and profitable.

We are delighted to see that Miss Annette Pountain's sterling services to Hospital sport have been recognized by the Clubs' Union. She has been awarded a Full Blue for both Squash and Tennis and she is the first lady to achieve this distinction. All Guy's sportsmen and women will wish to congratulate her.

GUY'S DIARY

November			Exhibition. Department of Surgery. *The Acute Abdomen.*
28th	M	1.00	Dr. David Stafford-Clark. Clinical Lecture. *Criminal Behaviour in Childhood.*
		4.30	Endocrine Demonstration. *Addison's Disease.* Pre-clinical Classroom.
30th	W		Rugby 1st XI *v.* London University (Motspur Park).
December			Exhibition. Department of Surgery. *The Suprarenals.*
1st	Th	1.00	Mr. Grant Massie. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
2nd	F	1.00	Mr. R. H. F. Brain. Clinical Lecture. *Tracheo-Brachoplasty.*
3rd	S		Rugby 1st XV *v.* Metropolitan Police (H.O.P.).
5th	M	1.00	Mr. Charles Cook. Clinical Lecture. *The Pathogenesis of Diabetic Retinopathy and Intercapillary Glomerulosclerosis.*
		4.30	Endocrine Demonstration. *The Assessment of Thyroid Function.* Pre-clinical Classroom.
6th	T	1.00	Mr. Guy Blackburn. Clinical Lecture. *The Long Watches of the Night.*
8th	Th	1.00	Dr. Christopher Hardwick. Clinical Lecture. *Splenomegaly.*
		5.00	X-ray Meeting. Gordon Museum.
9th	F	1.00	Dr. A. C. Hampson. Clinical Lecture.
10th	S	10.00	Departmental Round conducted by Mr. A. M. Desmond (St. James' Hospital). Clinical Theatre.
			Rugby 1st XV *v.* Old Cranleighans (Thames Ditton).
12th	M	1.00	Dr. Ian Mackenzie. Clinical Lecture.
			Mr. R. O. Holland. Dental Clinical Lecture. *Sore Mouth.*

CHRISTMAS CARDS

Now available, Guy's Christmas Cards, 3/6—7/6 per dozen including envelopes (Postage 6d. extra) Apply: The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Eighty Years Ago

From Guy's Hospital Gazette, 27th November, 1875.

Phthisis has truly been said to be pre-eminently *the* disease of our Islands, producing as it does the greatest havoc among the young and most gifted of our race. In its early stages it can often be successfully overcome, whilst later on the physician stands by powerless to help; the patient meanwhile slowly sinking before his eyes; worn out by that hacking cough, those fearful sweats, which we recognize but too well. Yet the discussion of the Physical Society last Saturday, showed plainly how Phthisis and its early symptoms and treatment are often "seriously faced for the first time when the patient and not the physician has practically to face them"; showed but too plainly that often a patient is sent to sea to return to his friends no more, because his doctor understood but imperfectly of what little good a sea voyage is in the last stages of the disease, or else had not recognized that this last stage had come. Nor is this altogether the fault of students. It is true that a large number of phthisis patients enter Guy's, and that, thanks to the able clinical observations of our physicians, we are made practically familiar with their symptoms and treatment in the wards. But it more often happens that these patients only seek our aid when too late—when the last stages of their illness have absolutely driven them from their employment. Hence it is not often that we can study Phthisis in all its stages in our wards. In another column we publish a list of demonstrations to be given at the Hospital for Consumption at Brompton. Usually special hospitals are but a more respectable way for practitioners to advertise themselves into notoriety with the class of patients to whom quackery holds out mystic inducements, but in the case of the Brompton Hospital it is not so, and an incalculable blessing is afforded to thousands of sufferers. In it also are all those advantages which students seek in vain elsewhere as regards Phthisis, which can here be studied in all its stages. These demonstrations will afford rare opportunities for gaining a practical knowledge of Phthisis, and we trust that this new scheme for utilizing the resources of a special hospital for the general good of suffering humanity, will find favour with many of our fellow students, and will not collapse through want of support from the senior men of our own and other hospitals.

GUY'S HOSPITAL CLUBS' UNION

AWARD OF BLUES, 1955

	FULL	*HALF*
Cricket	A. L. Gunn	R. W. Elsdon-Dew
	W. Knapman	M. N. Morgan
	M. J. Williams	
Rifle Club	K. Kemp	A. Harris
	R. H. Mackeith	
Boat Club	—	M. Parish
		M. Young
		V. Whitehead
Athletics	R. T. Hawley	R. Willé
	R. Salmon	R. Notley
	R. G. Gain	D. Williams
		M. Reeve
		J. Robertson
		M. A. C. Lyon
Swimming Club	—	J. Murray
		M. Gain
Water Polo	B. Maitland	R. J. Thomas
Squash and Tennis	Miss Annette Pountain	

CLUBS' UNION BALL, 1955

The Annual Ball will be held at the Dorchester Hotel on Thursday, 22nd December, from 8.30 p.m.—2 a.m. Tickets, price £2 10s. (Double), may be obtained from the Medical School Office, Members of the Ball Committee and by post from the Secretary, Clubs' Union, Guy's Hospital, S.E.1.

DISC LESIONS, FACT AND FALLACY

By E. J. CRISP, M.D.

(*Based upon a clinical lecture given at Guy's Hospital Medical School in July*, 1954)

LADIES AND GENTLEMEN,—The British medical profession, a most conservative body, is extremely critical of any new theory, which it accepts only after extensive clinical trials. However, once the new theory has been accepted an extraordinary one-track mentality develops; all previous ideas as regards ætiology are forgotten, and methods of treatment which had previously been successful are abandoned.

Our acceptance of the disc lesion is a very good example of this strange mental behaviour. It took a number of years for us to be convinced that the disc lesion was a clinical entity. Now we have swallowed the concept hook, line and sinker and, forgetting everything that went before, attribute almost every ache and pain in trunk or limb to a disc lesion. The fact that the occurence of degenerative changes in one or more cervical discs is almost a normal physiological process from the fourth decade onwards is ignored and anyone with a narrowed cervical disc and pain in the arm is automatically labelled as suffering from a prolapsed cervical disc. The time is ripe for a strong corrective to be administered.

Although increasing age has its handicaps it has given one the advantage of watching the evolution of present day medicine and employing methods of treatment which were fashionable in the past. It is extremely interesting to look back on the variety of causes which have been advanced for sciatica and to observe how the treatment has varied according to the supposed ætiology of the condition. In my student days little attention was paid to backache, whether acute or chronic. The patient with acute lumbago remained in bed until his pain left him, seldom bothering the doctor. As far as the patient with chronic backache was concerned it was 'just too bad'; medicine had nothing to offer except possibly a spinal support. The only textbooks which showed any interest in the subject were those on gynæcology, and they made the mistake of regarding retroversion of the uterus as the most common cause of backache in women. Sciatica was attributed to local conditions such as osteo-arthritis, tuberculosis or new growth, and constitutional diseases such as diabetes. Textbooks described the nerve as being red and swollen: treatment consisted of complete bed rest and attention to any systemic disease. Unless the sciatica was secondary to tuberculosis, new growth or diabetes, the majority of patients ultimately recovered.

In 1927 Putti, an Italian orthopædic surgeon, expounded the theory that an inflamed zygapophyseal joint might cause pressure on the nerve root in its passage through the neural foramen, and that when this occurred in the lumbar region it could well give rise to sciatic neuritis. In his paper on the subject he drew attention to the spinal rigidity and scoliosis which often occurred in acute sciatica. He recommended complete rest, in or out of plaster, to enable the inflammation to subside. Putti's views were widely accepted for some years and when patients with sciatica were treated in this manner they usually recovered.

Round about 1935 fibrositis became a fashionable diagnosis and Putti's concept was forgotten. The new theory was that a low grade inflammatory reaction due to focal sepsis, involving the intervertebral ligaments and muscles, gave rise to backache and sciatic pain. Apart from eliminating focal sepsis treatment underwent a marked change and was directed towards breaking down fibrositic nodules and mobilizing the spine. Once again, many patients were relieved by these measures. About this time sacro-iliac strain was another popular diagnosis and some cases were relieved following manipulation.

In 1938 the late Sir Thomas Lewis and Dr. Kellgren published their work on referred pain. It may be remembered that by injecting each other's interspinous ligaments with normal saline they observed the manner in which pain radiated to various muscle groups. They suggested that a sensitive ligament might act as the focal point from which pain radiated to one or other limb. We accordingly amended our treatment and spent considerable time endeavouring to locate the deep seated trigger spot and injecting it with procaine, to break the vicious circle. The injection was usually followed by manipulation and exercises. Following this treatment a number of patients made a complete recovery.

The Advent of the Disc

The probability of a prolapsed intervertebral disc being responsible both for backache and sciatica was accepted in the United States of America as long ago as 1934. We in England, being more conservative, were not greatly impressed when Barr read a paper on the subject at the Royal Society of Medicine in 1938, and it took a year or two of the war to convince us that he was right. Faced with large numbers of recruits complaining of severe backache or sciatica, which had usually developed after going round an assault course or lifting heavy boxes of ammunition, we attributed the symptoms to ligamentous strain and referred them to rehabilitation centres, where physical training instructors put them through a most arduous course of exercises. Though a few recovered under this energetic treatment the majority were made worse and so, at last, we came to realise that the disc lesion was a reality. Almost overnight it became the practice to put every recruit with acute backache into a plaster jacket. By this omnibus treatment the majority of cases were relieved of their symptoms; those who did not respond were subjected to laminectomy. Henceforth it became the fashion to attribute practically every case of backache, both acute and chronic, to a lumbar disc lesion and, according to the severity of the symptoms, the patient was either referred for physiotherapy, supplied with a spinal support, immobilized in a plaster jacket or subjected to surgery. For the next few years the majority of practitioners adhered to this routine, it being generally considered that the ultimate had been reached regarding the cause and treatment of backache and sciatica. I still held these views in 1949 when invited to take part in a discussion on manipulation of the spine, at the Royal Society of Medicine. My first inclination was to decline on the grounds that to manipulate a disc lesion was courting disaster. But at the same time one was faced with the disquieting fact that many patients who had derived little help from orthodox medical procedures, subsequently were manipulated by osteopaths with complete relief. After further thought, it appeared that spinal distraction, even if it did no good, was unlikely to do much harm and it might be possible by such measures to reduce a disc protrusion or free an adherent nerve root.

After considerable experiment, a simple but effective traction table was built and I started treating patients with acute low back pain or sciatica by sustained traction. Though the procedure was completely ineffective in some cases and others were only relieved after a series of treatments, quite a number obtained dramatic relief after only one pull. As far as this latter group was concerned it became abundantly clear that whatever the underlying pathology might be it certainly could not be a prolapsed disc, for though distraction might well reduce a herniated nucleus such a reduction could only be temporary and the prolapse would recur directly traction was released.

Patients often develop acute lumbar pain while attempting to rise from the stooping position, the lumbar spine becoming "locked" during the process. On examination the lumbar curve will be found reversed or kyphosed and though a range of flexion may remain extension is quite impossible. This type of lumbar derangement responds dramatically to traction. I was unable to understand its mechanics until I read a paper by Kraft and Leventhal (1951) entitled "Facet synovial impingement". In this the authors draw attention to the innumerable variations in the shape of the facets, especially in the lumbo-sacral region, and describe how the plane of the zygapophyseal joints may vary from sagittal to coronal. When the joints are in the sagittal plane, lateral movement and rotation are somewhat restricted but, when the plane is coronal, greater movement is possible in all directions. In consequence there may be laxity of the capsule and redundance of synovial membrane. Thus lumbar flexion or flexion-rotation may open up a joint space sufficiently for the synovial membrane to prolapse between the facets and become impacted when extension is attempted. This will give rise to acute pain and at the same time prevent extension of the lumbar spine. It is easy tc understand how, by manipulation or traction, it is possible to free the obstruction and relieve the symptoms.

My attention was further focussed on the posterior joints after hearing a paper by Harris and MacNab of Toronto which was read at the Congress of the English Speaking Orthopædic Associations held in London in 1952. This paper described the pathological changes found in the lumbar intervertebral articulations of a number of cadavers who, during their lifetime, had suffered with chronic low back pain. In almost every case it was found that narrowing of the disc had led to a series of degenerative changes in the posterior joints, consequent upon over-riding of the articular facets. Erosion of articular cartilage, followed by osteo-arthritis together with thickening of capsule and synovium were constant findings. Occasionally in the joint they noted a synovial effusion and in a few cases a loose body.

These two papers provided me with ample evidence that low back pain, whether acute or chronic, could arise directly in the apophyseal joints. At the same time they recalled to mind Putti's original observations, made 25 years ago and long since forgotten. But having rediscovered the posterior joints we must avoid once again developing a one track mentality. Rather we should broaden our outlook and think in terms of the intervertebral joint and the various structures which comprise it. The disc itself, the posterior joints with their synovia and capsules, and the intervertebral ligaments can all give rise to pain in the back if deranged.

It is therefore not inappropriate at this point to consider individually the various structures which together make up the intervertebral joint.

THE DISC functions actively every hour of the day and is subjected to more fair wear and tear than most other bodily structures, consequently tending to degenerate comparatively early in life. It consists of three parts; the annulus fibrosus, the nucleus pulposus and the cartilaginous plates. The nucleus, a semi-fluid substance with a water content of over 80%, is contained within the annulus and the cartilaginous plates under very considerable pressure which is maintained by a process of osmosis, the nucleus drawing fluid from the spongeosus of the vertebral bodies. This delicate mechanism of water balance may be upset by injury or degenerative changes, the disc in consequence becoming dessicated and narrowed.

The annulus fibrosus is comparatively thin posteriorly and may rupture partially or completely in a postero-lateral direction following moderate or severe trauma, giving rise to acute lumbago and possibly sciatic pain. The severity of the symptoms depends on the number of annular fibres which rupture and the situation and size of the small local bulge which develops in consequence of nuclear pressure. The condition may be compared with the bulge which occurs in the wall of a motor tyre following rupture of some of its fibres, the bulge becoming progressively larger and ultimately bursting unless a 'liner' is fitted inside the cover.

The average acute disc lesion consists of the local rupture of a variable number of annular fibres sufficient to permit a small bulge to develop. It is a condition which usually recovers spontaneously provided the patient rests, the tear becoming vascularized and repaired by scar tissue. Chronic pain may however persist in consequence of local adhesions.

When the disc becomes narrowed, whether as the result of trauma or degenerative processes, it frequently gives rise to chronic backache, the pain sometimes radiating to a limb. The symptoms as a rule are due to the secondary changes which result from the narrowing of the disc. It is a chronic condition and does not tend towards spontaneous recovery.

THE ZYGAPOPHYSEAL JOINTS. In certain regions of the spine, especially the cervical and lumbar regions where flexion and rotation are free, it is sometimes possible, at the extreme of movement, for the synovial membrane to prolapse between the facets and become nipped when the spine is extended. This will give rise to acute pain and the impinged membrane, becoming œdematous, will offer a mechanical obstruction to extension, the normal curve, whether cervical or lumbar, becoming reversed.

A zygapophyseal joint will react like any other diarthrodial joint to sprain or strain, pain, stiffness or synovial effusion resulting. Subluxation or locking due to a loose body are other ways in which acute pain may arise.

Chronic pain frequently arises in the posterior joints following disc degeneration, as has been already explained; any form of trauma will tend to aggravate the symptoms.

THE NEURO-CENTRAL JOINTS. In the cervical region disc degeneration tends to involve the neuro-central joints of Luschka and their capsules rather than the zygapophyseal joints. The condition, even when advanced, will often be unsuspected by the patient until trauma evokes an inflammatory response in an already thickened capsule.

THE INTERVERTEBRAL LIGAMENTS are structures richly endowed with sensory nerves. Any form of intervertebral derangement, whether acute or chronic, must also affect the ligaments and give rise to pain. In the case of a bulging annulus the pain arises in the posterior longitudinal ligament where it is stretched over the incipient protrusion.

The ligamentum flavum often sustains trauma concurrently with a disc lesion; degenerative changes ensue, the elastic fibres being replaced by fibrous tissue and the ligament becoming considerably thickened in consequence.

THE SPINAL MUSCLES. Finally the spinal muscles themselves deserve consideration. As soon as an acute intervertebral derangement occurs, protective muscle spasm develops. This is nature's method of preventing further damage, limiting pain, and holding the affected segment in the optimal position for recovery to take place. But at the same time persistent muscle spasm leads to ischæmia and the retention of products of muscular activity, and hence itself becomes a further source of pain. The application of a plaster jacket in the case of an acute lumbar derangement gives the patient considerable immediate relief by abolishing muscle spasm. In the same way the successful manipulation relieves pain in two ways, namely by correcting the derangement and abolishing muscle spasm.

Once we appreciate the variety of ways in which pain in the back can arise, it is easy to understand why the various treatments which were used in the past so frequently gave relief. It also becomes possible to rationalize present day treatment, and visualize traction stretching the thickened capsule or ligament or freeing the nipped synovial fringe or subluxation. But even though manipulation or traction may frequently reduce a small annular bulge, such treatment will seldom be effective in the presence of a large posterior protrusion. Fortunately such occurences are comparatively rare, but when they do occur the plaster jacket remains the treatment of choice.

Diagnosis

It is often difficult to decide which intervertebral component is primarily responsible for the symptoms. This is especially the case when the condition is acute. Fortunately, however, there are a number of objective signs which, considered together with the history, simplify the diagnosis. Low back pain and stiffness, in association with sciatica and hamstring spasm, strongly suggest a disc lesion. The presence of paræsthesiæ, an absent ankle jerk or a positive 'Well-leg' test would support the diagnosis. Conversely a combination of low back and sciatic pain, without hamstring spasm or neurological signs, would suggest that the lesion was ligamentous or apophyseal rather than due to the disc itself and that the sciatic pain was of the referred type. One must not lose sight of the fact, however, that gross thickening of the capsule of a posterior joint can well give rise to symptoms indistinguishable from those due to a prolapsed disc, but if this were so one would usually expect the X-ray to show both narrowing of the disc space and arthritic changes in the posterior joint.

Certain deductions may be drawn from the lumbar posture and mobility. When, in standing, the lumbar spine is markedly lordosed with muscle spasm preventing any degree of forward flexion, and there is acute low back pain radiating to one or other buttock, the clinical picture is strongly suggestive of an annular lesion, especially if there is associated hamstring spasm. At the same time such a picture rules out the likelihood of a nipped synovial fringe. Low back pain of sudden onset is frequently characterized by reversal of the normal lumbar curve.

Though this type of deformity might equally well be due to a large posterior disc protrusion or a nipped synovial fringe it is comparatively easy to distinguish between the two. If there is no sciatic pain it is highly improbable that a posterior disc protrusion has occurred for with the lumbar spine in such a position one or more nerve roots would surely be stretched over the protrusion. In this case therefore a nipped synovial fringe is the more likely diagnosis. Conversely a reversed lumbar curve, in association with sciatic pain and hamstring spasm, points to the probability of a protruded disc.

The mode of onset of the pain can be most instructive. If it coincides with a cough or sneeze while standing upright it is probably due to an annular lesion for the synovial membrane could not become nipped in this position. In many cases however the diagnosis only becomes clear after subjecting the patient to traction. If the symptoms arise in a posterior joint the rapid response to this treatment serves to distinguish the condition from a protrusion.

X-rays may provide much useful information but it cannot be too strongly emphasized that a narrowed disc does not necessarily indicate that the disc is responsible for the symptoms. If an accurate diagnosis is to be made the physical signs must be correlated with the X-ray appearances. Evidence of congenital abnormalities in the lumbo-sacral region, which render the joint especially vulnerable to strain, or variations in the planes of the articular facets, often enable diagnosis to be more precise. Again evidence such as normal disc spaces and the absence of marginal lipping in a patient who has suffered recurrent lumbago for a number of years suggests that the discs are not at fault.

It will be impossible in a number of cases to decide which intervertebral component is primarily responsible for the symptoms and therefore the diagnosis of "deranged intervertebral joint" is preferable to the more common "P.I.D."

Treatment

Having broadened our outlook regarding the causes of backache we must be equally versatile in our treatment. Among the measures available are rest, the plaster jacket, manipulation, traction, spinal support and physiotherapy. Every case must be judged on its merits as to which procedure or procedures we employ.

Bed rest is nature's remedy and we should never lose sight of the fact that the disc lesion is one which tends to spontaneous recovery. But for the more severe case we should see to it that nature has every chance by insisting on fracture boards under the mattress.

When it is essential that the patient returns to business at the earliest possible moment, and for the disc lesion that fails to respond to rest, the plaster jacket remains the treatment of choice. Certain rules must be observed in applying the jacket if it is to be successful. The plaster must be reasonably tight and carefully moulded round the pelvis. No attempt must be made to correct scoliosis or other abnormality of posture for this is due to protective muscle spasm.

Though unlikely to be effective as treatment for a severe lumbar protrusion, it is easy to visualize traction freeing the nipped synovial membrane or apophyseal subluxation, stretching the tight or sensitive capsule or ligament, freeing the adherent nerve root or other adhesion and even reducing a small nuclear prolapse or displaced tag of annulus. However we need not be frightened of trying distraction in the case of a genuine disc protrusion, for even if the treatment should prove ineffectual it would be unlikely to aggravate the lesion.

Whether we apply traction to the lumbar or cervical spine, correct positioning of the patient is extremely important. In the lumbar region traction may be given with the patient either prone or supine, but it is essential that the spine is in the flattened or neutral position. In prone lying this is done by placing a suitable pillow under the abdomen. We aim to stretch the capsules of the posterior joints and the intervertebral ligaments. If the lumbar spine is too lordosed some of the pull will be applied to the abdomen and its contents.

We use a simple extendable table at Guy's, one part of the top being fixed while the other part is movable. The patient's shoulders and thorax are firmly secured to the fixed portion while the pelvis is attached to spring balances at the foot of the table by means of a pelvic belt and adjustable ropes, one on either side. Traction is applied by turning a handle which causes the top of the table to extend. The average poundage required is 60-80 lbs. for a duration of 10-20 minutes. An advantage of having twin ropes is that they may be adjusted so as to apply a stronger pull to one or other side of the trunk if thought desirable.

Cervical traction should be given with the patient lying supine. Once again correct posturing of the neck is paramount and will vary with the condition we are treating. To stretch the capsules of the posterior joints or free a nipped synovial fringe traction must be applied with the neck well flexed. When symptoms arise in the neuro-central joints traction may be given with the neck in a less flexed position, while to increase the range of extension as in the case where posterior marginal lipping is causing pressure on the cord, the neck should be in the neutral position. Traction may be given either manually or by the Sayre's Sling, using weights and pulley. In the latter case the poundage will vary from 25 lbs. to 45 lbs. for 10 to 20 minutes.

ACUTE LUMBAR CONDITIONS.

Acute lumbago usually indicates an acute lumbar derangement. Although it is a condition which tends to recover spontaneously, especially when the underlying cause is the rupture of several annular fibres, there are occasions when manipulation or traction gives rapid relief. This is the case when the patient is found to have a flattened or reversed lumbar curve, the derangement more often than not involving a posterior joint rather than the disc itself.

Conversely, when the patient presents with the lumbar spine held in tight lordosis by muscle spasm and every movement is agony, the betting is heavily on a disc lesion and complete bed rest or a plaster jacket is indicated. To manipulate this type of case is to ask for trouble as there is a distinct risk of aggravating the pain. Acute lumbago can be a very difficult condition to deal with, especially when the patient demands manipulation while one's experience advises rest.

Though acute sciatic neuritis is usually the result of a nuclear protrusion, an acutely deranged posterior joint can give rise to precisely similar symptoms. When a patient has acute sciatica, whether in association with acute lumbar pain or not, it is worth while trying the effect of traction, provided the patient can tolerate it. Often it will be ineffectual, occasionally it will aggravate the pain, but not infrequently it will produce remarkable relief. When this occurs the symptoms were more probably due to a zygapophyseal derangement, though a small protrusion or displaced tag of annulus may have been responsible.

Cases which do not respond to or are aggravated by traction, together with those which by their history, signs and symptoms advertise themselves as severe disc lesions with root pressure, should be treated by complete bed rest or immobilized in plaster. The plaster should be retained for at least three weeks after the patient has become symptom free and be followed by a spinal support for a further 3-6 months. It occasionally happens that following a prolonged spell in plaster the patient still suffers some discomfort in the back or leg. Traction or manipulation at this stage may give the patient complete relief, presumably by freeing an adhesion or completing the reduction of the prolapse.

There will remain a small number of cases which, showing no response to conservative treatment, will in due course come to surgery.

CHRONIC LUMBAR CONDITIONS.

Chronic low back pain constitutes a considerable problem both in orthopædic and physical medicine departments. This need not be so if the problem is approached realistically.

Many patients complaining bitterly of pain and stiffness in the lumbar region will be found to have normal X-rays. Conversely, we often find that patients with quite advanced degenerative changes, narrowing of discs, lipping and sclerosis, have no pain whatsoever and comparatively mobile spines. In other words spondylosis is not incompatible with a mobile and painless back.

It may sound dangerous to manipulate or stretch a lumbar spine in the presence of degenerative changes, but this is not so, and in the treatment of chronic low back pain lumbar traction has proved to be of real value. When the discs become narrowed they lead to secondary changes in the posterior joints, osteoarthritis, capsulitis and even synovitis. By stretching the thickened capsules and synovia one can often give relief to patients with low back pain. Naturally one must select the right case for such treatment, but with a little thought this should not be difficult. The majority of patients with chronic low back pain fall into one of two categories; either the pain is relieved by bed rest and aggravated by exercise, or precisely the reverse obtains. It is this latter type of patient, the one who finds that activity relieves his lumbar pain, who derives such striking relief from spinal distraction.

The chronically sprained ankle makes a useful analogy. It stiffens up when rested, loosens up when exercised and is often only completely relieved by manipulation. In like manner crural pain, especially of the referred type occurring in association with degenerative changes in the lumbar spine, may frequently be relieved by manipulation or traction.

The type of case whose backache is aggravated by rest and relieved by exercise will naturally derive no benefit whatsoever from wearing a lumbar support. Failure to appreciate this fact is responsible for the supply of many useless corsets. Conversely, the patient whose backache is relieved by rest and aggravated by exercise will obtain marked relief by wearing a well designed corset. Spinal supports should be reserved for patients who come into this category.

THE CERVICAL SPINE.

If experience with traction and manipulation has convinced me that the incidence of genuine lumbar disc protrusions is far less than generally believed, this is still more the case when we come to consider the cervical region. In the majority of cases one can guarantee to relieve pain in the neck or arm by manipulation or traction, provided the correct technique is employed.

It is remarkable how often a cervical derangement occurs while the patient is asleep. He goes to bed with a perfectly mobile neck only to wake up the following morning in acute pain which is aggravated by every attempt at movement.

If we exclude pathological causes such as tubercle and new growth, painful cervical conditions fall into three categories.

1. *Nipped synovia or subluxed posterior joint.* This is the usual cause of acute pain in the younger age groups, and may occur during sleep or in consequence of an unguarded cervical movement. X-rays will show local cervical kyphosis. The response to manipulation or traction is generally rapid.
2. *Degenerative changes in disc or neuro-central joints.* This is the usual cause of acute or chronic pain in the neck in the older age groups. The onset may be sudden or gradual and often the pain will radiate to shoulder or arm. X-rays generally show one or more degenerative discs which previously had caused no symptoms. The pain may be due to a displaced tag of annulus or more probably is the result of trauma, which has led to an inflammatory reaction in the capsule of the affected neuro-central joint. This type of case usually does well on a course of traction, though on occasion the period of treatment may be fairly lengthy.
3. *Acute disc protrusions.* A small group of patients will present with symptoms which are due to acute disc protrusions, the result of trauma. If root symptoms are severe the patient should be hospitalized, if possible, and sustained traction applied until the pain subsides, following which a collar should be fitted. The less severe case usually responds to complete bed rest but when this fails a course of traction, given daily often succeeds. Presumably it is possible for a small protrusion in the cervical region to stay reduced following such treatment.

THE DORSAL SPINE.

In the dorsal region, while disc degeneration is common, acute protrusion is rare, for it must be borne in mind that the thoracic cage affords considerable protection to the thoracic discs. At the same time the costo-vertebral joints themselves are frequently the source of acute or chronic symptoms whether in consequence of strain, subluxation or arthritic changes. They may give rise to local pain, intercostal pain or abdominal pain. Many obscure pains in the front of the chest or abdomen have their origin in some form of dorsal derangement, and are frequently relieved by manipulation or traction.

Summary

The incidence of acute disc lesions is considerably less than is generally thought, the derangement frequently being situated in the posterior joints.

In the case of disc degeneration, it is the secondary changes occurring in the posterior joints, and in the cervical spine in the neuro-central joints, that give rise to symptoms.

We must avoid a one track mentality both as regards diagnosis and treatment.

Each case must be treated on its merits, there being a place for physiotherapy bed-rest, plaster, support, manipulation and traction and frequently a combination of several of these measures.

Distraction has proved itself an invaluable weapon in the treatment of many spinal conditions. Even when it fails to do good, it at least does no harm.

The plaster jacket remains the treatment of choice for the genuine lumbar disc protrusion.

Psychogenic backache has not been discussed.

REFERENCES

1. Putti, V. (1927), *Lancet*, II, 53.
2. Kellgren, *Clin. Sci.*, 1939, **4**, 36; Lewis and Kellgren, ibid 47.
3. Kraft, G. L. and Leventhal, D. H. (1951), *Surg. Gynae., Obstet.*, **93**, 439.
4. Harris, R. J. and Macnab, I. *Journal of Bone and Joint Surgery*, British Vol. 36—B No. 2. pages 302-322.

LUNCH HOUR RECITAL

This was given at 1.20 p.m. on Tuesday, 15th November, by Elizabeth Davidson (Soprano), William Shepherd (Tenor), Rosemary Wright (Soprano), Norman Leigh (Bass), G. E. Gartside (Organ). Those members of the staff and students who were present at this recital given in the Chapel, could not fail to have been impressed by the variety of the short programme, and the manner of its delivery. Credit must, therefore, be given not only to the soloists, but to those responsible for this venture—not the first of its kind—in view of the manner of its presentation.

Of the soloists one would not hasten to be critical, yet some of the finer points in individual performances demand some comment. Miss Rosemary Wright gave us variety in her two songs: one a negro spiritual, the other Handel's *Silent Worship*, both of which she performed most competently. From Mr. Norman Leigh we had *Creation's Hymn* and *Zachariah's Prayer* from "Nebuchadnezzar" (Verdi).

Much credit, however, must be given to the other two soloists who one felt would not have disgraced larger churches and concert halls, or more distinguished audiences than ours. Notable were Mr. Shepherd's intonation, fine interpretation of the material in hand, and firm masculine tenor line. Here was a voice one would have liked to have heard exploited in more difficult works. Noteable too, Miss Davidson's fine clear soprano voice, pure throughout the whole of its range, as she especially showed us in her last song, and further characterized by delicate vocal inflexion.

At the Chapel Organ Mr. Gartside proved to be a capable accompanist. Without a cathedral masterpiece at his disposal, he did what was asked of him, and one suspects that more appreciation is merited than that given to accompanist and soloist. Both he and the Chaplain deserve the thanks of the fairly large audience, composed of a fair representation of all sections of the Hospital community, for this absorbing Lunch Hour recital.

G.K.M.

THE THEATRE CLUB

have pleasure in announcing their next production

THE NOBLE SPANIARD

A comedy in three acts by W. Somerset Maugham, which will be performed on each night from Tuesday to Saturday, (13th, 14th, 15th, 16th, 17th December) at 7.30 p.m., in the Physiology Theatre.

Tickets are obtainable free of charge from the Students' Union Office on weekdays from Monday, 28th November. Staff and friends of the Hospital are invited to address their applications for tickets to the Hon Secretary. Subscriptions, however small, will be gratefully received.

CORRESPONDENCE

Letters to the Editor of the Gazette

House Appointments.

From the Superintendent.

Dear Mr. Editor,

Elsewhere in this issue of the *Gazette*, your readers will find the list of House Appointments for the period commencing 1st December, 1955. I think it is generally appreciated that the list of applications, which gives the qualifications and detailed record of each candidate, is carefully considered by the Medical Committee, and the recommendations for appointment are made by them. There appears, however, to be some misapprehension as to the method of allocating House Officers to the various firms, when there is a choice, and I should like to take this opportunity of explaining the procedure which is invariably followed.

The Medical Committee make their recommendations for appointments in order of merit, and the choice of firms is given to the successful candidates strictly in accordance with this order. The applicants' choice of firms is known only to the Superintendent, who is responsible for making the allocation in accordance with the order decided by the Medical Committee. This means, therefore, that no member of the general Medical or Surgical Consultant Staff knows who his own House Officer is going to be until the final list of appointments is published.

Yours, etc.,

W. D. DOHERTY.

Superintendent.

Guy's Hospital, S.E.1.

Mr. Atkins' South African Visit

SIR,—During the recent visit of Mr. H. J. B. Atkins to South Africa to address the Congress of the Medical Association of South Africa, a Guy's Alumni dinner was arranged in his honour on 18th October in Pretoria.

Everybody present agreed that the event was a great success which was largely due to the charm and good humour of our guest. He left us all that night with sweet nostalgic memories of our Alma Mater. Incidentally, the impressions created by Mr. Atkins at the Congress are a great credit to the man and a great honour to Guy's Hospital.

Those present at the dinner, with the years in which they qualified in brackets, were:— A. C. Schulenburg (1909), H. O. Eksteen (1921), J. A. Currie (1923), L. Sagorin (1942), D. Fuller (1940), J. A. F. Denyssen (1924), J. M. van Schalkwyk (1925), I. M. Hurwitz (1924), L. E. Lane (1927), E. E. Neser (1924), J. J. van Niekerk (1927), D. Sonnenfeld (1952), L. Milner (1929), G. v. R. Mostert (1922), A. Leviseur (1916), P. Hack (1923), L. Kaplan (1936), I. Vermooten (1924), D. Rosenberg (1927), Lucas Young (1937), J. F. le Clus (1952), F. Knipe (1950), J. Durr (1928), L. R. B. Birt (1928), M. N. Tubes (1942), W. A. Lombard (1937) and Mr. Atkins.

Yours, etc.,

W. A. LOMBARD.

"Elsenburg,"
269, Dougall Str., Pretoria.

"Take-in Dressers and their Art"

SIR,—The practice certainly continued until January, 1912, as evidenced by the enclosed drawing. This was sketched by W. H. Ogilvie. I, at the time filled in the week's take-in cases.

Yours, etc.,

J. A. MARTIN.

25, Grange Road,
Eastbourne, Sussex.

(*Dr. Martin sent us a take-in record dating from Mr. Symond's "take-in" of January,* 1912. *Among the dressers were Dr. Martin himself, Messrs. F. Bocquet Bull (Dental Surgeon now Consulting Emeritus), W. R. Reynell, W. H. Ogilvie (now Sir Heneage Ogilvie, Consulting Surgeon Emeritus), W. L. Webb and A. M. Zamora. The drawing which was unfortunately unsuitable for block making had underneath it a formidable list of* 34 *cases taken in during that week.*—Editor).

Dental Conditions and Pulmonary Tuberculosis.

SIR,—A good jester keeps a straight face when telling his stories and the enjoyment of the listener is all the greater for the seriousness of the story-teller. We must congratulate the Editor and the authors of the paper on "Dental Conditions and Pulmonary Tuberculosis" for being superb jesters. There was not a hint in *Passim* of the fun to be had a few pages further on and the absence of exclamation marks and other indications of merriment in the paper itself may have left the reader with the feeling of doubt necessary for a really good jest. Did the story-tellers really mean it to be taken seriously? Of course not.

If we enter into the spirit of the thing for a moment and agree to use the dental condition as "a diagnostic sign as to any change in the condition of the tuberculous lesion" we must ask for a little clarification of the case types. Can the authors honestly maintain that case type 1 differs from case type 6? Do they mean that case type 1 shows caries of short history in a previously non-carious mouth, and if so, how often do they see such rarities in anyone but the very young?

What is the difference between types 3 and 4 from a dental point of view? Does the omission of a mention of caries in type 3 mean there isn't any? What is the difference between case types 5 and 7 unless there is a subtle distinction between "gingivitis and tartar formation" on the one hand, and "paradontal symptoms" on the other hand? But even this cannot be the explanation (see p. 459, line 36). Yet the "vagal brake" has operated in type 5 whereas "past sympathetic activity is apparent" in type 7.

However, I am spoiling the joke by taking it all too seriously and am in danger of being placed in a new class neither sympathetic nor parasympathetic but unsympathetic, or, if not thyro-adrenal minus, perhaps spleen plus.

Yours, etc.,

D. J. ANDERSON.

Physiological Laboratory,
Guy's Hospital, S.E.1.

Phthisis—Another Offering

SIR,—I have great interest in the article of Drs. King-Turner and Pritchard. Perhaps, gentlemen, you would permit me to recount my experiences in this field. I have submitted many cases of the consumption to the following test: A glass bead attached to a silken thread 10.2 cm. (4 inches) in length is held above the *cor et pulmones* of the patient. Those cases of advancing phthisis emit the 'phthi' vibrations which set the bead rotating in a clockwise direction. Those cases of stationary disease emit, of course, the 'sis' vibration which rotates the bead in the anti-clockwise direction. Two cases have been sufficient to demonstrate the significance of the test. In the first, although the Röntgengram was negative, 'phthi' emanations were strong and the patient succumbed 6 months later following a hæmoptysis of 0.56 litres (1 pint). The second case, unfortunately, met a violent death and the records are incomplete.

It is clear, gentlemen, from these results and those of Drs. King-Turner and Pritchard, that Koch was wrong and that the work of immunologists going back over the century can now be entirely discredited. A new era in the immunology of 'The White Plague' is upon us !

Yours, etc.,

RUDOLPH SCHLIME, M.D. (Grobvw.)

Hospital Carol Service

SIR,—May we, through the courtesy of the *Gazette*, draw attention to an inter-denominational Hospital Carol Service which is to be held in the Chapel on Thursday, 8th December, at 7.30 p.m. The service is to be conducted by the Chaplain and the singing will be led by the Music Club. A short address will be given by the Rev. M. A. P. Wood, *D.S.C.*, M.A.

All members of the Hospital community are warmly invited.

Yours, etc.,

DOUGLAS FISHLOCK.
Hon. Sec. Christian Union.

Guy's Hospital, S.E.1.

Nurses' Homes

SIR,—The correspondence following my letter of 17th September has, I hope, been constructive to the thoughtful, though the wider view has been missed by some. Unimaginative folk often leave things as they are because they have been that way for years which, as far as they can see, is a perfectly good reason for leaving them that way. *That there are remedies* or that they have *any responsibility towards finding them* would never occur to them.

For the sake of progress constructive criticism is necessary and surely in 1955 we have a more reasonable approach to such things. The Staff Consultative Committee is an example. There is also at Guy's a nurses' representative council. One still feels a tang of the Charles Dickens era in the present attitude towards nurses (not particularly Guy's, Mr. Innominate Member). "Mrs. Corney", cried Mr. Bumble, "this boy has asked for more! "

It is unfair to sit back and expect the Matrons of hospitals to present all needs and difficulties to the hospital management and where necessary to fight for them, without any suggestions or support from her nursing staff, who amongst themselves may be full of ideas and often, I fear, of grumbles. It is right to bring these to light to be dealt with for discontent is demoralising in any community.

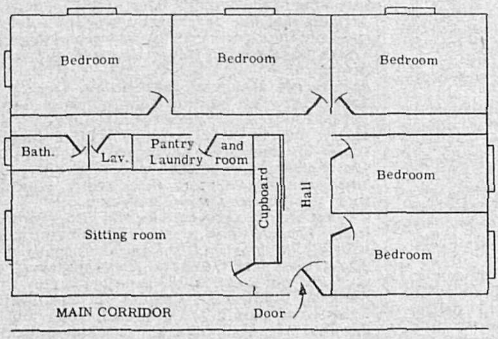
The letter in the *Nursing Times* from which I quoted stated:— " The nurse's mother saw the Matron and complained about the conditions in the Nurses' Home and while the Matron agreed that they were bad she said she could do nothing about it". It would appear that she could not make the hospital management committee see the need for it to be attended to.

Under the Ministry of Health's scheme of allocating a yearly sum to each hospital for expenditure those who present the strongest interest and are the most obvious are the natural target for hospital committees to deal with—the silent are left postponed and may be left out altogether. An example at Guy's may be seen in the gleaming white enamel in the Counting House as opposed to some walls in the Nurses' Home which have not been *washed* for twenty years.

To the suggestion by 'Innominate Member' that complaints produce unexpected results I should like to point out that no tooth is removed without pain but the result he specifically mentions was not overlooked by me but dismissed as being unworthy of mention because of its narrow view. I would say that his daughter should look to Florence Nightingale for an example of courage and if his daughter is afraid to carry the lamp forward for the betterment of nursing and nurses we do not want her at Guy's. Guy's men and women have never lacked courage and the pioneer spirit to carry on in the face of all difficulties and they have a proud record.

To them Guy's is that dear octupus which enfolds them in its tentacles and never lets them go—the loving service, the friendliness which breathes of Guy's itself as you enter the gates.

Now, with that pioneer spirit uppermost in my mind, I set before you another idea for Nurses' Homes.



. . . Dividing the rooms up into groups

We have heard much about group nursing recently. Let us extend the idea to Nurses' Homes by dividing the rooms up into groups. I venture to think the nurses would be very happy in this little group together.

Yours, etc.,

A NURSE, S.R.N., S.C.M.

Ski-ing in Norway.

SIR,—For the information of readers of the *Gazette*, I am interested in organising a visit to Norway in Easter 1957, for the purpose of ski-ing. The cost of such a party would not be large and instruction in the sport would be available at Mjolfjell Youth Hostel, the proposed centre to be visited. If reasonable support is obtained a Ski Club could be started; and, for the help of novices, a Norwegian lecturer and films on ski-ing could be obtained. Anyone wishing to contact me on the matter should leave a letter in the Hospital rack.

Yours, etc.,
R. W. MOSS.

Guy's Hospital,
London, S.E.1.

We regret that, owing to lack of space, several letters have had to be held over until the next issue. For the same reason, the publication of book reviews has been delayed. It is hoped to publish more of these notices in the next few issues.

SPORT

RUGBY FOOTBALL

Guy's *v.* Birkenhead Park

Away, 12th November

Result: Lost 3—15

The more experienced and stable home side deservedly won a good game at Birkenhead Park, to avenge last year's narrow defeat by the Hospital. Our opponents fielded their strongest fifteen and showed themselves to possess the expected strong and mobile pack, supplying slightly more than their share of the ball to a resourceful three-quarter line.

Territorially, neither side had an advantage and the result—the Park's five tries to Guy's one one try—merely supports the observation that our finishing this season has been poor and will remain poor until we gain confidence in our ability to throw the ball about when on our opponent's line, and to go for the line with more determination when isolated from support. That support is not always forthcoming, but there has been an improvement in this respect: it requires yet more concious effort both on hte part of the man with the ball and those supporting him to combine effectively.

Our forwards gave an improved display in the loose generally and Russell did well in his hooking in the tight scrums although a more concerted shove on the part of the rest of the pack would have resulted in obtaining more of the ball. In the lineouts we were out-played not only individually but also as a pack. In the loose Lillicrap and English were always to be seen, the latter excelling in the basic essentials of hard tackling and falling on the loose ball.

Our backs once again, and to our disadvantage, played the individual game as opposed to the combination necessary to overcome the defence of the strong clubs against whom we play. While the determined efforts of Hawley and Thomas could well have been emulated by the rest of the backs, the main flow in our defence seemed to be a failure to maintain a constantly straight line and to reform that straight line as soon after a movement as possible.

In the early part of the game Guy's attacked hard for a period of fifteen minutes, but it was only later that Hackett, going on the blind side and drawing the opponent's left wing, gave Leyshon a scoring pass, with which the latter made no mistake. The game then fluctuated from one end of the field to the other and the Park gradually took control, scoring one try in the first half and four in the second. The determined running of K. Williams on their left wing was the outstanding performance of the day.

ASSOCIATION FOOTBALL

Inter-Hospitals Cup, First Round

Guy's *v.* Charing Cross and Royal Dental Hospitals

16th November

Result: Guy's 2, Charing X & R.D.H. 1

After being outplayed for much of the first half Guy's recovered to win a fast and exciting game.

Maggs won the toss and Guy's played the first half with the advantage of the slope. Despite this advantage Charing Cross did nearly all the attacking in the first half hour. Only magnificent tackling and fine covering by the Guy's defence prevented them from taking a commanding lead. Guy's passing at this stage was erratic and despite positional changes among the forwards they seldom got a shot at the Charing Cross goal. Early in the first half the Charing Cross outside left had to leave the pitch for attention to a head injury, but he soon returned with a bandage round his forehead. At the end of the first half Guy's started to find their own men with passes and began to have more of the game. However, there was no score before half-time.

Soon after the re-start Charing Cross took the lead. Their left half worked through and scored with a high shot from outside the penalty area. The Guy's attack was now working well but they did not score until, twenty minutes from the end, following a scramble in the Charing Cross goal mouth, a loose ball came out to Cornhill who easily scored. Guy's continued to press for the winner and this came following a corner forced on the right by Maggs. The ball was only partially cleared, and it ran loose to Cornhill who scored with a fine first shot. For the last five minutes Charing Cross threw everything into attack but were unable to equalise.

Honours for Guy's must be given to the defence who throughout played steadily and hard. Cornhill was the best forward, the others often allowing themselves to be too closely marked to be effective.

Team: Lewis; Missen, Smith; Cornford, Sutton, Fanning; Barry-Taylor. Maggs (capt.), Watmore, Cornhill, Humphreys.

Guy's 2nd XI *v.* Maori

19th November, Away
Won 7—1

HOCKEY

Guy's *v.* Gravesend

At H.O.P. Saturday, 12th November

Lost 1—3

Guy's 2nd XI *v.* Gravesend 2nd XI

At Gravesend, 12th November
Lost 3—4

Guy's 3rd XI *v.* Gravesend 3rd XI

At Gravesend, 12th November
Lost 0—5

Guy's *v.* Oxted

At H.O.P., Saturday, 19th November

Won 2—1

This match provided the 1st XI with its first win of the season, a result eagerly awaited and long overdue

A late start, bumpy pitch, and ever increasing gloom, all contributed to a scrappy slow game, with little constructive hockey. Although our opponents only had ten players they gained a 1—0 lead by half-time, after Guy's had done most of the attacking.

After the interval the Hospital at last took the initiative and scored twice, the first from Podd and the second from Morgan.

Paul played a clever game on the left wing and Podd, as ever, was reliable on the right wing. Nobody else really distinguished themselves, except perhaps the backs, for their increasing ineptness as the game dragged on. However, the side did just well enough to attain victory from unpromising conditions.

Team: M. Clarke; D. R. Laney, H. M. Tuddenham; M. J. Woodman, W. R. Knapman, R. W. Elsdon-Dew; R. Podd, N. R. Cooke, M. N. Morgan, M. H. Cox, R. R. Paul.

Guy's 2nd XI *v.* Oxted 2nd XI

At Oxted, 19th November
Won 2—1

Guy's 3rd XI *v.* Borough Polytechnic 1st XI

Away, 19th November
Won 5—1

LADIES' HOCKEY

Guy's *v.* Guy's Physiotherapists

At home, 26th October

Won 10—1

Guy's *v.* University College

Away, 2nd November

Lost 10—4

1st Round University Cup

Away. 12th November

Guy's *v.* Chelsea Polytechnic
Won 9—3

On a cold foggy day Guy's played in the first round of the University Cup and showed more determination and stamina than at any time during the season.

For the first few minutes Chelsea attacked continually from their right wing and only cool defensive work by Cave and Hutchinson saved Guy's from being in real trouble. Guy's then scored from a breakaway after which point their forwards gradually took command of the game combining well with intelligent passing and penetrating dashes up the wings. By half time the score was 5—0 in Guy's favour with goals from Wilton, 2, Greenwood, Chapman and Maynard.

The second half was played at a faster pace with Chelsea scoring straight from the bully-off after an unchallenged dribble by their centre-forward. This shook Guy's who promptly retaliated with another goal and the forwards then settled down to produce their best hockey of the season. Maynard scored two more goals and Wilton netted her fourth with a beautiful shot from a good centre from the wing.

In this excellently umpired match, the defence played adequately, backing up the forwards well but being rather slow in changing from attack to defence and slack in marking particularly in the centre. The forwards spoiled many good movements by the tendency to run off-side, a fault which cost them goals against University College.

In the second round, Guy's face Royal Holloway College, winners of the cup last year, but on this form they should perform creditably and a very good match is anticipated.

Guy's *v.* Queen Mary College

Away, 16th November

Draw 4—4

TABLE TENNIS

This year the standard of play at the trials was much higher than previously. As a result we are playing two teams in the London University League.

We were also pleased to see more ladies present and have formed a Ladies' Team which will play friendly matches this season.

Results:

Guy's Ladies' *v.* National College of Domestic Subjects

Won 6—3

Team: Anne Johns, Sheila White, Anne Wiseman.

Guy's I *v.* University College III

Walkover

Guy's I *v.* Imperial College IV

Won 8—2

Team: A. Akiwumi, P. Ephson, P. Kurland.

Guy's II *v.* Northern Polytechnic

Won 8—2

Team: C. J. Hughes, D. Inman, J. McCormack.

Administrative Staff Games Room.

This room is for Table Tennis only and a member of a team must be present. Keys may be obtained from J. McCormack, P. Kurland or A. Akiwumi.

Times of play:— 10-12 and 2-5.

ROWING

A Guy's trial VIII beat a King's College trial VIII on Saturday, 19th November.

The race was rowed over a mile starting from the University Stone. Water conditions were fair and there was a strong flood tide. Guy's started badly but pulled up to lead by a few feet at Beverly Brook. Striking slightly lower than King's, Guy's steadily increased this lead to win by a canvas at the mile post.

Crew: P. Nicklin (Bow), T. Hall, A. C. Prichard, J. Bradley, P. Dobson, J. Redpath, R. M. J. Andrews, R. H. S. Mindham (*Stroke*), S. A. C. Lynes (*Cox*).

Coach: Mr. S. D. P. Clough.

MOTORING CLUB

The 4th Annual Night Navigation Rally will start at 4.30 p.m., on Saturday, 3rd December, in the Hospital Car Park. The route will take competitors along the minor roads of Surrey using Ordnance Survey Map No. 170, to the Finish at the Lord Howard, Effingham Junction. Regulations for the event will be posted in the Club's notice board in the Colonnade. Entries are 5/– per vehicle (7/6 after 30th November) and should be given to the Secretary, J. C. V. Mitchell.

There will be a short talk on Map Reading in the Dental Theatre on Thursday, 1st December, at 4.30 p.m.

HOSPITAL INFORMATION

APPOINTMENTS

Dr. W. H. H. Merivale has been appointed director of the department of clinical pathology at Guy's Hospital in succession to Dr. F. H. Knott.

Dr. L. Rendell-Baker, appointed Fullbright Exchange Assistant Professor in Clinical Anæsthesia at the Mercy Hospital, Pittsburgh, Pennsylvania, U.S.A.

UNIVERSITY OF LONDON

Chair of Anatomy

Dr. Roger Seaford Warwick has been appointed to the Chair of Anatomy tenable at Guy's Hospital Medical School from 1st October, 1955.

Readership in Bacteriology

Dr. Ronald Henry Gorrill has been appointed to the Readership in Bacteriology, tenable at Guy's Hospital Medical School from 1st December, 1955.

Senate

At a meeting of Convocation Dr. E. C. Warner, B.Sc., M.D., F.R.C.P., was elected as a Convocation member of the Senate in the group of medicine, in place of the late Professor Sir Alexander Fleming.

Professor of Biology

The title of Professor of Biology in the University of London has been conferred on Mr. G. E. H. Foxon in respect of his post at Guy's Hospital Medical School.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Court of Examiners

Mr. S. H. Wass has been elected a member of the Court of Examiners for three years from 8th December, 1955.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Tudor Edwards Lecture

The Tudor Edwards lecture will be given on Thursday, 15th December, by Sir Geoffrey Marshall who will speak on Tudor Edwards's contribution to the study of diseases of the chest. The lecture will be held at the college, Pall Mall East, S.W., and will begin at 5 p.m.

GUY'S HOSPITAL

HOUSE APPOINTMENTS

1*st December*, 1955

Assistant House Surgeons

To:	
Mr. Blackburn	Mr. W. R. O. Eggington
Mr. Lawrie	Mr. T. M. Winstanley
Mr. Glover	Mr. A. H. Sears
Mr. Brain	Mr. R. I. Henry

Appointed for 6 *months the first* 3 *as A.H.S.*

Assistant House Physicians

To:		
Dr. Douthwaite Dr. Hardwick and Dr. Bishop	Mr D. A. Earnshaw	3 *months*
Dr. Boland, Dr. Baker and Dr. Houston	Mr. J. F. Garner	
Dr. Hampson, Dr. Kauntze and Dr. Grant	Mr. E. D. A. Orsmond	
Dr. Mann, Dr. MacLean and Dr. Campbell	Mr. K. E. Thomas	

Appointed for 6 *months the first* 3 *as A.H.P.*

Out-Patient Officers

Miss J. W. Baker Mr. R. E. Farmer Mrs. V. P. Houghton Mr. R. C. Morgan Mr. D. J. Palmer	3 *months*

House Surgeons

To:		
Mr. Massie	Mr. G. C. W. Baker	3 *months*
Mr. Eckhoff	Mr. R. K. Knight	6 *months*
Mr. Atkins	Mr. J-C. Gazet	3 *months*
Mr. Wass	Mr. P. S. Boulter	6 *months*

House Physicians

To:		
Dr. Douthwaite, Dr. Hardwick and Dr. Bishop	Mr. J. G. Davies	3 *months*
Dr. Boland, Dr. Baker and Dr. Houston	Mr. M. D. A. Vickers	3 *months*
Dr. Hampson, Dr. Kauntze and Dr. Grant	Mr. A. J. Membrey	6 *months*
Dr. Mann, Dr. MacLean and Dr. Campbell	Mr. J. C. Anthony-Davies	6 *months*

Resident Obstetricians

1. 7.55—31.12.55	Miss J. E. Banbury
1. 9.55—29. 2.56	Miss M. A. Barrie
1.11.55—30. 4.56	Mr. J. D. Ellis
1. 1.56—30. 6.56	Mr. P. R. Lyon

House Surgeons in the Orthopædic Departments of Guy's Hospital and Orpington Hospital

Mr. M. K. Strelling
1 vacancy

Throat and Ear House Surgeons

Mr. J. F. S. Batson {*3 months at Guy's then 3 months at Orpington*

to combine Ophthalmic House Surgeon.

1 vacancy {*3 months locum at Orpington*

Dermatological House Physician

Mr. L. J. Bishop (to 24.1.56)

Genito-Urinary House Surgeon

Mr. D. W. Atkinson 6 *months*

Neurological House Physician

Mr. E. Moran 3 *months*

House Surgeon to the Thoracic Unit

Miss J. Platnauer 6 *months*

Children's House Physicians

Mrs. G. M. Glendinning 3 *months*
Mr. J. G. Parkes 6 *months*

Children's House Surgeon at the Evelina Hospital

Mr. D. C. Gill 6 *months*

House Physicians to the Department of Medicine and Resident Junior Clinical Pathologists

Mrs. E. A. Wilkinson 3 *months*
Mr. J. D. Broome 6 *months*

House Physicians in the York Clinic

1.10.55—31.3.56	Mr. I. C. Black
1.12.55—31.5.56	Mr. G. S. Rawson

Resident Anæstethetists

7.7.55— 6.1.56	Mr. C. Bishop
20.9.55—19.3.56	Miss S. M. Mullally
7.1.56— 6.7.56	Mr. D. P. Honey

R.M.Os. in Nuffield House

18.9.55—17.3.56	Mr. P. F. P. Lansdown
1.9.55—29.2.56	Mr. E. P. W. Tatford

ORPINGTON HOSPITAL

House Surgeons

Mr. J. M. Clark
Mr. J. R. F. Boger

JOYCE GREEN HOSPITAL

House Physician

Mr. C. J. Wallace

ST. OLAVE'S HOSPITAL

House Surgeons

Mr. N. W. Glendinning
Mr. G. C. Gould

LEWISHAM HOSPITAL

House Surgeon

Mr. J. A. Greeves

ST. JOHN'S HOSPITAL, LEWISHAM

House Physician

Miss M. E. Broughton

PEMBURY HOSPITAL

House Surgeons

Mr. J. R. Batchelor
Mrs. M. A. Batchelor

QUEEN MARY'S HOSPITAL, SIDCUP

House Surgeon

Mr J. R. Daly

APPOINTMENT VACANT

Applications are invited for the appointment of **Registrar** (1st year) to the Radiotherapy Department (whole-time). D.M.R. preferred but not essential. Duties to commence 1st January, 1956. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded not later than **the 30th November, 1955.**

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

For Sale

GUY'S MAN has for disposal a semi-detached house containing 2 well equipped dental surgeries. Excellent position suburb of London (East) near Central Line Tube and on bus route, close to school with 1,000 children. Growing district, enough work now to keep one man going full time. Amount of cash required to take over £250 balance spread over a period of time which practice itself could easily pay for. Limited accommodation is available, fair sized garden with room for garage. Genuine reason for disposal given at interview. Box No. 124.

Wanted

GUY'S dental surgeon, 1939, requires an assistant for a practice in a pleasant riverside market town, 50 miles west of London. *Every encouragement for the keen operator.* Full clerical, laboratory and chairside assistance. Large flat with garden. Box 123.

THREE Guy's physios urgently require flat near hospital from beginning of December. Ring HAM 3294 after 7.30 p.m.

CLERK (part-time). Two half days per week. Filing and addressing work only. Write giving experience and remuneration required Box No. 121.

CHRISTMAS GIFTS

CHRISTMAS CARDS (GUY'S) now available 3/6d. to 7/6d. per dozen including envelopes. Postage 6d. extra. The Manager, *Gazette* Office, 6 St. Thomas St., S.E.1.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—Personal collection only—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

HISTORY OF GUY'S 1725/1948. A few copies still available for Students, Nurses and Staff at a reduced price. Apply: The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

SHERLOCK HOLMES AND DR. WATSON. 2*s*. The Hound of the Baskervilles 1*s*. Reprints available from *Gazette* Office.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PASS LIST

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination for Medical Degrees

October, 1955

Pass

Joan W. Baker
Margaret A. Barrie
Moira A. Batchelor
J. M. Clark
J. A. Cox
J. R. Daly
J. M. P. Davies
W. R. O. Eggington
R. F. Everton
D. C. Gill
N. W. Glendinning
G. C. Gould
J. A. Greeves
R. I. Henry
P. N. A. Holden
K. E. Howells
I. S. MacDougall
C. M. Montegriffo
I. J. M. Y. Nalletamby
E. D. A. Orsmond
D. J. Sills
K. E. Thomas
C. J. Wallace
T. M. Winstanley

SUPPLEMENTARY PASS LIST

Part I.

Supplementary Pass List

Hilary Allin
C. Angeli
S. Bacchus
R. Bendall
Richenda M. Breeze
D. R. Burcombe
R. M. C. Butler
Hazel C. Byrne
M. H. Cox
J. B. St. C. Cumberbatch
J. de B. J. Dade
J. O. O. Fajemisin
Patricia Forsythe
P. A. French
Margaret Fuest
I. D. Green
P. D. Griffiths
R. A. Harlow
R. S. Henderson
C. E. A. Holden
J. B. Illingworth
H. E. Inniss-Palmer
G. W. Jenkins
T. M. C. Lindsay
M. B. R. MacKenzie
D. M. MacLaren
D. A. Montgomery
J. A. Morgan
G. M. Morris
K. T. Nicolson
H. Pambakian
J. Payan
Hazel M. Phillips
B. N. Pickering
Iris C. Platt
R. H. Robinson
M. C. Shannon
P. J. Stiles
J. A. Theobald
G. D. Thomas
K. T. Tighe
E. Williams
M. J. Williams
P. J. E. Wilson
Gillian Wood
C. D. Wooding

Part II.

Audrey J. Belsham
G. I. Horsfield
M. A. C. Lyon
B. S. Merry
G. B. Middle
R. I. Muir
D. L. Parry

Part III.

J. Barrie
R. C. Morgan

Part IV.

J. Barrie
I. D. Hudson
M. A. C. Lyon
R. C. Morgan
R. I. Muir
D. L. Parry

ROYAL COLLEGE OF SURGEONS OF ENGLAND

L.D.S.

Final Examination

October, 1955

Part I. Surgery.

J. Amherst-Clark
R. J. Andlaw
N. B. Athill
B. O. Barnard
J. G. H. Billison
W. M. Boyle
R. Burman
D. M. Carpenter
Gloria Cavalot
P. K. Chaudhury
N. R. Cooke
Jane Elliott
J. R. Fieldhouse
A. B. Greenwood
A. J. Hardingham
C. E. James
T. J. Jenkins
N. J. Knight
Brenda M. Langrish
H. Mercer
C. J. Meryon
C. K. Millman
J. Neave
P. W. Pollock
D. E. Rees
D. G. Rosair
A. J. Sawyers
D. O. Smith
M. G. Smith
P. J. H. Snell
D. C. J. Stares
W. G. Stewart-Ross
E. J. Taylor

Part II. Dental Surgery.

B. Armitage
A. S. Atkinson
B. W. G. M. Beeching
A. J. Bradley
N. R. Cooke
D. F. Crouch
M. R. Davison
M. S. E. Gould
A. R. Grice
J. R. Harris
D. M. Hobbs
B. Holmes
J. M. Irwin
R. B. Johns
R. F. King
N. A. Labuschagne
C. J. Lambert
D. M. Lawrence
S. P. Madan
J. W. Osborn
P. W. Pollock
J. W. Riley
M. B. Rothschild
M. J. N. Segerdal
D. Scott
H. R. Singer
A. O. Aubrey Slocock
R. D. G. Stevens
F. C. van Coppenhagen
A. D. Wheeler
M. F. H. Willis
J. Wolfle

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Fuller, Denis N. Congenital Intra-Lobar Sequestration of the Lung: Report on Four Cases. *Sth. Afr. med. J.*, 1955, **29**, 987.

Kark, Robert M., and others. The Clinical Value of Renal Biopsy. *Ann. intern. Med.*, 1955, **43**, 807.

McCallum, R. I. and others. Coal miners' Pneumoconiosis in Four Collieries in County Durham. *Brit. J. industr. Med.*, 1955, **12**, 279.

Macintosh, Sir Robert. A Plea for Simplicity. *Brit. med. J.*, 1955, ii, 1054.

Muir, Frank H. Some Changes observed in the Electrocardiogram during Operations on Patients under Hypothermia. *Soc. Cardiol. Technicians J.*, 1955, **2**, 167.

Sturdy, D. E. Foreign Body in the Oesophagus. *Lancet*, 1955, ii, 876.

Weinbren, M. Carcinoma of the Thyroid in Children. *Sth. Afr. J. Clin. Sci.*, 1954, **5**, 179.

NURSING NEWS

Entered: S/N J. Fairs
S/N M. Sedgewick
S/N D. Walton
Left: Sister D. Williams
Study leave for Midwifery Training.
S/M Meckleburg

CHANGES OF ADDRESS

L. Rendell-Baker, M.B., B.S., D.A., F.F.A., R.C.S., Mercy Hospital, Pittsburgh 19, Pennsylvania and 3330 Altherton Drive, Pittsburgh 34, Pennsylvania, U.S.A.

R. E. Collinson, L.D.S.R.C.S., Princes Buildings, Bath Road, Cowes, Isle of Wight. (Tel.: Cowes 1122).

Miss Barbara Craig, S.R.N., R.S.C.N., Sisters' Quarters, Brebner House, General Hospital Singapore.

M. C. Gilbert, M.B., F.R.C.S., 59 Penylan Road, Cardiff. (Tel.: 44269).

P. W. T. Hollis, M.B., B.S., Ravelrig, Lower Warberry Road, Torquay, Devon. (Tel.: Torquay 4972).

P. Hume Kendall, M B., B.S., D.Phys.Med., Paddock Hill, South Nutfield, Surrey. (Tel.: Nutfield Ridge 3299).

E. C. Lewis, M.B., B.S., D.R.C.O.G., Bramley, 103a Station Road, Redhill, Surrey.

C. P. Urbani, L.D.S.R.C.S., "Kylin", 15 Ring Road, North Lancing, Sussex.

BIRTH

COLLINSON.—On 18th November, 1955, at St. Mary's Hospital, Newport, Isle of Wight, to Jean, wife of Richard Eric Collinson, L.D.S.R.C.S., a daughter (Jane).

MARRIAGE

WARN—STAMP.—On 29th October, 1955, at St. John's Church, Newland Hull, Ronald Frederick Warn to Barbara Stamp, S.R.N.

DEATH

PRESTON.—On 30th October, 1955, Alfred Ernest Preston, L.D.S.R.C.S., of 2 Surrey Road South, Bournemouth, Hants.

EDS. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1758 10th December 1955 One Shilling

PASSIM

The Price of the Bruised Toe

THERE is nothing like a spell of duty in Front Surgery to make one realize to what remarkable lengths mankind will go to injure or maim itself. It is truly amazing to see how men, who for years have worked amid potentially dangerous objects, will ignore the possibility of danger to themselves. Little or no impression is made upon them by their fellows' painful procession to hospital. The docker who watched his friend's fractured great toe being extracted from the light shoe that had failed to protect it was surprised and resentful that three of his mates had had the same injury in one week. It did not, however, occur to him that his toe might be next.

Every day many hundreds of men in Britain drop things, ranging from railway lines to suitcases, on their toes. Most of these are men whose work involves a strong likelihood of their doing so sooner or later. The hazard to the individual could hardly be more obvious, yet despite this, there is splendid public indifference to the use of protective clothing and footwear. These accidents are unfortunate for the men who sustain them but are equally so for the economy of the country which has to pay them for their lack of forethought by way of Industrial Accident Insurance.

We wonder whether the time has come for a more serious campaign against the minor accidents which rob Britain of so much working time. There are two ways of waging this—one by publicity of the *Keep Death off the Roads* type, the other is by compulsion exercised by the government through employers on the men. It could for instance be made compulsory to wear boots with steel toecaps while doing certain work. Failure to do so need not necessarily be punishable, but it could be pointed out that people who have accidents which result in injury which could have been prevented would not be eligible for the more generous scales of Industrial Benefit.

During the last century, death and illness from major industrial hazards have become relatively less frequent, but minor accidents still take their toll. It is probably time that notification of all industrial accidents should be enforced—the statistics gained would be a useful tool for study of the epidemiology of trauma.

We record with deep regret the death of Dr. Joseph Lilienthal on 19th November. He was a Physician to the Johns Hopkins Hospital and Honorary Associate Consulting Physician to Guy's Hospital. He was one of the most popular visitors to Guy's from the Johns Hopkins

Hospital. He came to us in 1949 and many people still at our Hospital will recall his charming personality. His death at such an early age will be felt as a great blow to American medicine. An obituary notice will be found on page 496.

We offer our heartiest congratulations to Dr. T. H. S. Burns who has been appointed Consultant Anæsthetist to St. Thomas's Hospital. Dr. Burns, who is Research Fellow in the Department of Anæsthetics, has done most valuable work on the development of a safe and effective Trilene inhaler of revolutionary design. He has recently been combining his research work at Guy's with consultant appointments at hospitals in North London. It is pleasant to hear that he will continue in his research post at Guy's for some time.

We note with pleasure that a portrait of Miss Frances Goodall, *C.B.E.*, General Secretary of the Royal College of Nursing, has been unveiled in the Royal College of Nursing. We at Guy's can be proud of the achievements of this most distinguished former *Sister Out-Patients.*

In advertising *The Noble Spaniard* and last Wednesday's concert performance of *The Magic Flute*, the Theatre and Music Clubs have produced some most attractive posters. They are at once more striking and less expensive than printed posters, and show enterprise on the part of those concerned. At the time of writing they have even been spared the fate of defacement by our moronic brethren whose faith in their own sense of humour is so grossly misplaced that they have to display it on public notices. *The Noble Spaniard*, the first Theatre Club production since December 1954, is one of Somerset Maugham's first plays. The producer, Mr. Peter Wilson, tells us that it is very funny, but defies classification, as the characters are unlikely and the hero absurd. Those who want to know more about it will clearly have to go and see it.

When the Hospitals' Symphony Orchestra gave another excellent concert in the Hall of the Royal College of Surgeons on the 26th November, they were in the unusual position for an amateur orchestra of having to find a programme of works for a full-sized modern orchestra—for they are some ninety strong and have a particularly large brass section. There was a Haydn symphony, but otherwise it was Verdi, Strauss, Berlioz and Weinberger. Mr. Dennis Brain was the ever-popular solist in the Straus horn concerto: it was a generous gesture of this busy artist to give his services. In Mr. Colin Davis the orchestra has found a conductor who possesses the ideal combination of infectious enthusiasm and meticulous musicianship. He takes weekly rehearsals in St. Thomas's House, Westminster, and Mr. Ernest Hall—formally principal trumpet of the B.B.C. Symphony Orchestra—gives additional coaching for the brass and woodwind sections. It is gratifying that the Guy's membership should have increased to less negligible proportions. Several members of the orchestra were playing in the Guy's Music Club performance of *The Magic Flute* on 7th December.

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery. *Suprarenals.*
12tn	M	1.00	Dr. Ian Mackenzie. Clinical Lecture. *Disseminated Sclerosis as a Diagnostic Refuge.*
			Mr. R. O. Holland. Dental Clinical Lecture. *Sore Mouth.*
15th	Th	1.00	Mr. Grant Massie. Clinical Lecture. *Vascular Injuries.*
		5.00	X-ray Meeting. Gordon Museum.
16th	F	1.00	Dr. A. H. Douthwaite. Clinical Lecture.
17th	S		Rugby 1st XV *v.* Llanelly (H.O.P.).
19th	M	1.00	Mr. W. D. Doherty. Clinical Lecture. *Prostatic Obstruction.*
20th	T	1.00	Mr. N. L. Eckhoff. Clinical Lecture.

GUY'S HOSPITAL CHAPEL

Christmas, 1955

Wednesday, 21st December
8.45 p.m. Service of the Nine Lessons and Carols
Thursday, 22nd December
6.00 p.m. onwards
Carols in the Wards Sung by the Southwark Cathedral Choir.
Saturday, 24th December (Christmas Eve)
8.45 p.m. First Evensong of Christmas and Blessing of the Crib
11.30 p.m. Carols by the Special Choir
11.45 p.m. Midnight Mass and Holy Communion
Christmas Day
6.00 a.m. Carols in the Wards
7.00 a.m. Holy Communion
8.20 a.m. Holy Communion
10.30 a.m. Christmas Morning Service and Address

Twenty-Five Years Ago

From Guy's Hospital Gazette, 29th Novemder, 1930.

The last few years have seen many changes in the attitude of the average medical man towards the posibilities of the opposite sex in medicine. At first she was that most terrifying and humiliating of God's creatures, the female militant. Then one began to tell oneself that, after all, she could perform a useful function in attending to those professional side-lines which, involving routine and small pay, are the least obvious and least interesting branches of medicine; and she was invited to spend her fresh young life in examining schoolchildren and in Welfare work. Naturally enough, she could not be content with this, and she attempted to show that she could do man's work as well as a man—and that was a mistake. A woman doing a woman's work is an efficient machine and an admirable sight; a woman trying to do a man's work is like a chimpanzee smoking a pipe, amusing and almost human. In fact, too human, as the hospitals and medical schools began to discover, and the smiling valley of opportunity which had opened before her ambitious eyes began to dwindle to a tortuous and dangerous mountain path, abounding in nothing but the long-thorned cacti and good hard rocks of prejudice and opposition.

We see that King's College Hospital has again opened its doors to the female student, and what this may portend for the future we fear to consider. We have always prided ourselves on the fact that this Hospital is not hide-bound by convention, that it is sufficiently advanced in its views to emphasize its innate conservatism of heart. A school which has seen so many years and as many lives of fruitless and patient research, so many dramatic and revolutionary discoveries, can never be described as reactionary in its outlook. And yet the woman student is banned like the leper, her name is anathema on all but a few devoted tongues.

If woman could but realize the power that lies in her sex we would see no more of this thrusting into the affairs of man. Considering what power is wielded by some of the Sisters, we are terrified at the thought of a female Visiting Physician. In twenty years we would be a matriarchy, with a few degenerate and despised males hanging on to the surgeon's apron strings.

We remind our readers of the Clubs' Union Ball which will be held at the Dorchester Hotel on Thursday, 22nd December. Get your tickets now.

OBITUARY

THOMAS JAMES EVANS, M.A.

Mr. T. J. Evans, who died on 19th November, 1955, after a brief illness, was Head of the Biology Department for 34 years and Dean of the Medical School from 1937 to 1945.

Born in a Cardiganshire village in 1873, he was brought up in a Welsh-speaking home and only learnt English in his later school years. While at school he developed a great interest in natural history but entered the University College of Wales, Aberystwyth, as an Arts scholar, and was for a short time a schoolmaster at Llandyssul. Later he obtained an Exhibition in Natural Science at Jesus College, Oxford. At the conclusion of his studies in Oxford he was appointed Oxford University Scholar at the Zoological Station at Naples where he studied for several years, being in Naples during the famous cholera epidemic. Later he was appointed Lecturer in Zoology in Sheffield University and in February,1914, came to Guy's as Lecturer in Biology and held this post until his retirement in 1948. From 1914 until 1932 the post was only part-time and during these years he held a similar part-time post at the Royal Veterinary College. In 1937 he was appointed Dean of the Medical School and served in this capacity until 1945. Since he retired in 1948 he has visited Guy's at intervals, the last occasion being on Monday, 13th June, 1955, when a tea party was held in the Biology Department in honour of his 80th birthday when many of his former colleagues were present.

As a zoologist Mr. Evans' interest lay in the Mollusca and he specialized on that group known as the Nudibranchs. His publications were few but all that he wrote was of high quality; in particular his account of *Calma glaucoides* (published in 1922), a nudibranch which has the curious habit of searching out and eating the eggs of small fish which are deposited on the sea floor near the shore, is of particular merit. Mr. Evans did not publish anything more until after his retirement when he produced several more papers, the titles of which have been recorded in the *Guy's Hospital Gazette*. Since his retirement he was a frequent visitor to the Mollusca section of the British Museum (Natural History) where he was provided with facilities for his work.

His period of office as Dean included the war years when the pre-clinical departments of both Medical and Dental Schools were evacuated to Tunbridge Wells. Unlike most of the other London Schools which shared accommodation provided by some provincial university, Guy's remained independent, and by organizing a hostel system acquired the atmosphere of a residential college. The close contact between staff and students which resulted from this arrangement was extremely congenial to Mr. Evans and enabled him to exercise to the full those talents of sympathy and understanding which have endeared him to so many generations of students. As Dean of the Medical School he had of necessity to make frequent visits to London many of which were concerned with the activities of the Post-War Planning Committee.

His wider interests were many and in his later years he took a deepening interest in the poetry of his native language.

W.R.S. sends us this note:—

So "T. J." has left us ! Never again shall we see his short wiry figure glide quietly into the room, his lined face with eyes set deep below bushy eyebrows, his hooked nose and jutting chin which always made me think of Merlin, the Welsh wizard. And he was a wizard: with chalk and blackboard he could conjure up the mysteries of the animal kingdom: with a few lantern slides he could create vivid pictures of life in days before the Flood: or with his gramophone he would exalt you with the music of his beloved Bach. A man of wide cultural interests, he came from a tiny village in Wales and although he had travelled far he always remained a villager at heart.

He was not an orderly person as judged by worldly standards. A disconcerting habit of keeping notes on the back of cigarette packets, a tendency to fall fast asleep at meetings of the School Council, an embarrassing alertness at 2 a.m. coupled with the not unusual appearance of holes in his socks, all these characteristics stamped him as a bit of a mystic. But that view was completely reversed by his intense interest in the welfare of young people and his great love of gardening and Rugby football.

I sat under him as a student and I still think Biology the most thrilling subject I ever studied. Then, for many years, he quietly occupied a rather inconspicuous niche in the Medical School, though many of his students must carry heartening memories of his kindly interest and unobtrusive help in times of difficulty. Then suddenly, and to some of us unexpectedly, he became Dean. He called it an interim appointment and little did he realize what his period of office would entail. Essentially a lover of peace and quiet, he had to face the period of the 2nd World War. From the quiet backwater of his Brixton lodgings, he was hurled into the mælstrom of redeployment of the Medical School in Sector 10. Up and down the country he raced, first back and fore to Oxford, then to Tunbridge Wells and after a hectic two months he settled down in his new abode at Rookley, the decanal H.Q. at Tunbridge Wells.

I think he found the next years of his life most satisfying. He loved Rookley, house and garden and students all round him. He taught them Biology, he played Bach for them and made them coffee at 2 a.m. He hand-picked all weeds from the lawn and played vigorous tennis. He pruned all his flowering shrubs and organized a horticultural show at Sherwood Park. He entered fully into the life at "the Wells", sharing in all the students' activities and getting to know the families of academic and technical staff.

When the Medical School returned to London, he was very tired and found the problems of reconstruction burdensome, so that it was with a sense of relief that he gave up office in 1945. In his retirement he seemed to regain a good deal of his old enthusiasm and was a cheery visitor when he called at Guy's. And now we have said farewell to him, teacher, colleague and friend with his exasperating blend of contradictory characteristics, with his great interest in young people, his unbusinesslike habits, his love of good music, his untidy domestic ménage, his insistence on use of good English prose, a truly loveable mixture which we shall long remember.

From the Technical Staff of the Medical School:—

We, the undersigned, would like to express our sincere regret at the passing of Mr. T. J. Evans. We are mindful of the many individual and collective kindnesses received from him.

During the evacuation of the Medical and Dental Schools to Tunbridge Wells, the technical staff experienced many difficult and trying periods. On these occasions Mr. Evans was ever ready to help and make the conditions as happy as possible.

Guy's has lost yet another great personality we shall remember.

E. G. Smith
A. W. Baker
E. J. Hall
G. A. Walker
J. F. Dudley.

L. A. Westwood
P. S. King
A. Baker
N. E. Bedow

JOSEPH L. LILIENTHAL, Jr., M.D.

C.G.B. writes:

The news of the sudden death of Dr. J. L. Lilienthal, Jr., is a shock to his many friends here. He was Professor of Environmental Medicine at the Johns Hopkins, and since 1949, when he was our guest from Baltimore, he was Honorary Associate Consulting Physician to Guy's.

Apparently without effort, Dr. Lilienthal had crowded the maximum achievement in a span of years that was cruelly short. He made important contributions on motion sickness, war-time aviation medicine, the clinical aspects of neuro-muscular transmission and muscular disorders, and on the diffusion of gases and the circulation in the lungs. His importance to medicine was that he could see a difficult subject in exact terms, and because he had the gift of clear expression he could help others to appreciate the facts of a complex problem in their true perspective; he not only made advances but selected and applied them to practical use. His influence was therefore wide both in scope and space and his loss will be felt by more than the many who had the benefit of personal communication with him.

His recent review on the Pulmonary Circulation is a good example of his unusual gift of making a most readable account of the current views on a difficult subject, by clear thought and good writing. It was typical of the modesty and common sense of the truly big person that across the top of a reprint of this review he wrote, "You 'aven't 'eard this but then I'm not at all sure it is true". That was the Lilienthal touch, as clear to an admirer as the personal style and depth of the paper itself—and to think that it will be the last.

Joe, as he was known and will always be known to the ever increasing army of his friends, was an ideal ambassador from Baltimore. He was warm and gay, he enjoyed all manner of things and particularly people, he enlivened the occasion and revivified the person. He had so much to give and he gave generously and with ease. His insight was as clear and penetrating as his brown eyes, and as kindly. From the most junior student to the most senior specialist, we felt that if there was anything of worth in our ways and habits, he would see it. He was a Touchstone, not only in finding gold and ignoring dross, but in his wit, which had a motley air but a fine edge. He was the ideal guest for he left us feeling better, as he does now.

Visitors to the Johns Hopkins have seen how he was treasured there, have noted the enthusiasm and affection he engendered in those working with him, and found that his name and good will was a passport throughout the States. As he was the ideal guest, so he was the ideal host. Since his visit here, many have enjoyed in Baltimore the hospitality of Joe and his wife, Cassie. They have shared his enthusiasms in his home and family life; they have admired the battery of woodwork tools in his workshop which he had so little time to use, and worked with him in his garden; they have laughed a lot with him; and they came to appreciate the quiet but widespread generosity of the Lilienthals. It was good to have known him in his home, for his family life completed and rounded the very full man that Joe Lilienthal was. To his wife and children, we send our sorrow and our sympathy.

NOTICES

DRAWINGS TURNING PINK

The Department of Medical Illustration much regrets that a defective white paint was unknowingly used for some months this year, the result being that it turns pink after a few weeks. It is most likely to have been used on graphs and drawings for publication and is particularly noticable if the work has been kept in a drawer or folder away from the light.

It is not known whose work suffered in this way, so it is requested that anyone having work so blemished, returns it to the above department where it will be satisfactorily restored.

CONFERENCE ON MEDICAL PHOTOGRAPHY

The Seventh Annual Conference of the Medical Group of the Institute of British Photographers will be held in London during September, 1955. Anyone wishing to submit a paper on any aspect of medical photography is invited to communicate with the conference convener, Mr. N. K. Harrison, Department of Medical Photography, St. Bartholomew's Hospital, London, E.C.1.

THE CONCEPT OF PSYCHOPATHIC PERSONALITY (1)

A Clinical Lecture given at Guy's Hospital on 2nd May, 1955.

By D. STAFFORD-CLARK, M.D., M.R.C.P., D.P.M.

LADIES AND GENTLEMEN,—A year ago I gave you a lecture with the title "What is Schizophrenia?" It was reasonable to make an enquiry into the nature of this illness, since its definition and acceptance as a distinct clinical entity have long been acknowledged. The same thing cannot be said of the concept of psychopathic personality, and so before we can examine the nature of the psychopathic state, we must first deal with the objections which have been raised to the use of this term as a description of a clinical entity. We must seek to discover, therefore, whether there is in fact such a thing as psychopathic personality, before we can know whether it is possible to study it at all.

The first attempt to delineate the condition was made in 1835, when Prichard coined the terms moral insanity and moral imbecility, to cover disorders of conduct in adults who were not intellectually abnormal, but who appeared unable to conform to the moral standards of society. It was this inability which distinguished them from what Prichard would have regarded as wanton criminals. He used the terms insanity and imbecility in their accepted sense at that time; namely, to mean respectively an aberration of previously normal faculties on the one hand, or of failure of development of these faculties on the other.

But although Prichard was a pioneer, the trail that he blazed was not an easy one to follow, and confusion continued to reign over the concepts of moral insanity and imbecility, confusion which persists to this day whenever the use of these terms is attempted, as sometimes unfortunately still occurs, for example in the course of criminal proceedings.

Reviews of the literature on the subject were made by Maughs in 1900, by Partridge in 1930, and by Professor Henderson in his book on psychopathic states, in 1939. The use of the word psychopathic appears to have originated with Koch in 1888, but his conception was extremely broad, including in the term, forms of eccentricity and abnormality of the personality which might now be regarded as schizoid, together with a number of states which today would certainly be regarded as neurotic.

I shall offer you a number of the more recent definitions of psychopathic personality, to enable you to draw your own conclusions as to the real meaning of the term, and also so that you can see the implicit consensus of opinion which underlies and unites all of those which do not regard the condition as mythical. The first and most practically reasonable definition comes from Professor Henderson. He wrote:—

> 'Psychopathic state is the name we apply to those individuals who conform to a certain intellectual standard, sometimes high, sometimes approaching the realm of defect but not yet amounting to it, who throughout their lives, or from a comparatively early age, have exhibited disorders of conduct of an anti-social or asocial nature, usually of recurrent or episodic type, which, in many instances, have proved difficult to influence by methods of social, penal and medical care . . . The failure to adjust to ordinary social life is not a mere wilfulness or badness which can be threatened or thrashed out . . . but constitutes a true illness.'

Henderson was inclined to impute much of the causation of psychopathy to the interaction of hereditary and environmental factors. A more revolutionary sociological point of view is presented by Partridge (1930). He described the clinical manifestations of psychopathy as being either neurotic in nature or strongly infantile. He concludes that:

> '. . . the psychopath is one in whom strong demands are accompanied by feelings of inadequacy, inferiority, or insecurity and in whom there develops a tendency to resort to one or more typical reaction patterns, different in many cases, but all to be included in a general way under the terms tantrums, sulks, and running away.'

A composite picture of psychopathy as described by Partridge would show the prevalence of aggressive attitudes toward parents, sensitiveness, restlessness, marked social difficulties, lying, stealing, and other evidence of insecurity.

Savitt (1940), after reviewing some thirty definitions, advocates that of Cheney (1934): 'Psychopathic personalities are characterized largely by emotional immaturity or childishness with marked defects of judgment and without evidence of learning by experience. They are prone to impulsive reactions without consideration of others, and to emotional instability with rapid swings from elation to depression, often apparently for trivial causes. Special features in individual psychopaths are prominent criminal traits, moral deficiency, vagabondage and sexual perversion. Intelligence shown by standard intelligence tests may be normal or superior, but on the other hand, not infrequently a border-line intelligence may be present.'

North (1940): 'We are inclined to look upon the psychopathic personality as a type of personality expressed in behaviour which is definitely out of step with the individual's situation in life (or in the group in which he lives). The outstanding characteristics are that the behaviour is abnormal, non-constructive, not always useful to the individual, and that it leads to maladjustment and may be harmful to society.'

Levine (1940): 'It is essentially that the psychopath has a different set of solutions from the neurotic, in which the psychopath tends to make others unhappy and the neurotic to make himself unhappy.' And again—

Levine (1942): 'The patients of this group do not have specific signs and symptoms of illness as do the neurotic and psychotic. Their disturbance is one of action and social behaviour. The essential patterns of the psychopath are these. They live predominantly in short term values, i.e., have a predominant need for the immediate satisfaction of their impulses and desires, and are unable to subordinate immediate gratifications for more lasting pleasures. They tend to act out their conflicts in social life, instead of developing symptoms of conflict in themselves.'

On the other hand not all investigators would subscribe to these comparatively unanimous views; White in 1935 declared "Psychopathic as a prefix has come to be a wastebasket into which all sorts of things have been thrown. Society has developed machinery—more or less ponderous and creaking and ineffective to be sure, but nevertheless based upon fairly concrete formulations—for handling the so-called insane at one end and the so-called criminal at the other. The psychopaths fall between. They belong in neither group, and they get into either more or less by accident."

But since these words were written we have further, and in my opinion quite definite evidence of a clinical and experimental kind, to support the view that psychopathic personality is in fact a distinct entity and has in fact objective psychological and physiological characteristics which both enable a diagnosis to be made accurately and precisely, and also lead us to a clearer understanding of the basis of the condition. Meanwhile of course it remains true that under another name the reality of the concept of psychopathic personality has been with us always, in such familiar descriptive terms as the "black sheep of the family", the "bad penny", and the "ne'er-do-well". Whether one encounters these characters in literature or drama, or in real life, they are usually rapidly recognisable after a varying period of acquaintance, and are apt to be distinguished by a fundamental although often shallow ego-centricity, which may be, although it is not always, accompanied by a superficial and often specious charm that soon wears thin. They are emotionally immature, impulsive, and strikingly unable to control their desire for immediate satisfaction even when a gratification of this desire leads obviously and inevitably to complete destruction of their own long term interests. They are at heart destroyers of themselves as well as of the happiness and peace of mind of others.

Classification.

In his classical monograph on psychopathic states, already referred to, Henderson divided them into three types:—

1. The Predominately Aggressive.
2. The Predominately Inadequate.
3. The Predominately Creative.

Predominately aggressive psychopaths are those people who are explosive and violent in temperament. Faced with any kind of frustration they feel obliged to hit out, either verbally or physically. If anything or anyone displeases them, someone or everyone must be made to suffer for it. After their explosive outburst they may often appear to be genuinely contrite, but like the other manifestations of psychopathic behaviour, the feeling behind the gesture remains fundamentally egocentric, and the gesture itself, where it involves other people, is apt to be correspondingly insincere. It certainly does not prevent the same thing happening again the next time that the slightest provocation, whether real or fancied, is offered. Aggressive psychopaths in fact include the violent, quarrelsome, unstable, and alcoholic, the bullies, the sadists, and most of the recidivists with a consistent record of violent crime.

Sometimes the underlying tendency is wholly unconscious. At others it may emerge with startling clarity, as in these words of an aggressive psychopath whom I interviewed in prison; "I get moods of hating people: I want to kill them . . . I've beaten up women I never saw before in my life—and men. People get on my nerves—I don't trust anybody. I beat up my wife and children—and a woman I lived with—nearly killed her. I tell you there are times when I just can't stand people: if they don't leave me alone I'll murder someone . . ."

The inadequate group embraces all the minor delinquents and confidence tricksters, social misfits whose plight constitutes a tremendous problem for society as well as for their families and dependants. Such people in the course of their troubled and catastrophic lives are particularly liable to encounter stresses, frequently of their own contriving, for which they can provide only neurotic solutions; it is by no means uncommon for a psychopath to seek help, not for his general disorder of personality and character, but for the particular anxiety state or hysterical illness to which his way of life has at this point inevitably brought him. Running through the lives of patients with this fundamental disability seems to be a consistent impulse towards destruction; destruction of their hopes and happiness and ultimately of their health and their lives; a destruction all the more consistently sought because the apparent motives for most of the actions which lead them from one disaster to another are immediate satisfaction or short-term gain.

Apparent insight in the inadequate type of psychopath may take the form of an accurate and categorical denunciation of past misfortunes and present tendencies, coupled with vigorous assertions that while they know perfectly well the probable consequences of their disastrous impulses, they are unable at the time to feel anything but the urge to which they promptly yield. They may display remorse as often, or even more often, than the aggressive type. But unfortunately they share with them the wide gulf between word and deed, between promises or protests based on the past, and future performance with its apparently inescapable repetition of betrayal and disaster.

Whether or not the concept of the creative psychopath is one which can be profitably separated from the two already outlined, seems less certain. Henderson regarded the creative psychopath as someone whose singleness of mind was less wholly destructive, but equally ruthless and indifferent to the welfare of others. Channelled in this way, it might attain great pressure and force and thereby sweep aside great obstacles to success. He instanced Lawrence of Arabia as a creative psychopath. Other examples which occur to mind, were this concept to be accepted, might be Paul Gauguin, Baudelaire and perhaps General Orde Wingate. Henderson himself also put Joan of Arc in this category, but it is not one for which most psychiatrists who have studied the subject can feel a great deal of enthusiasm.

It does of course happen that a psychopath may be distinguished by some outstanding gift or talent, and may for a time achieve apparently spectacular success; but the usual and charactistic pattern of their lives is such that they tend only to throw away or spoil such gifts, at least for themselves, by turbulent and exacting emotional attitude. Their readiness to exploit their talents rather than to develop them, is also an all too frequent cause of ultimate disaster. Only too often, despite a level of intelligence which is as likely to be above average as below, they drift from failure and disappointment through one lost opportunity after another, into drug addiction, alcoholism, suicide, or prostitution.

Sexual perversion, which may be acquired in the same way as neurosis, is often found among psychopaths, but by no means all sexually inverted people are psychopathic, nor are all psychopaths sexually abnormal in this sense. What in fact is characteristic of the psychopath's attitude to sexual emotion and experience is this same shallowness and immaturity, combined with a frequently disastrous opportunism, which may lead not merely to the prostitution already mentioned, but also to deliberate perversions, to wanton repeated and joyless seduction, and many of the more grotesque and outrageous sexual crimes.

We may sum up the concept of the psychopath, as so far defined, by saying that these are people whose disturbance is evident not so much in their own minds or feelings, but in their conduct, and in the adjustment they make between themselves and the rest of the world. As well as the ne'er-do-wells and spongers, here belong that unhappy desperate section of criminal society who offend repeatedly and are as repeatedly punished, without the experience effecting their subsequent behaviour in any way except perhaps to make it more hopeless and embittered. It is from the study of this latter group, the psychopaths in prison, that we have recently learned something more definite about the nature and basis of this disturbance of personality. Two things can be said about it with reasonable certainty: one is that this disturbance is characteristically life long, and usually begins not later than adolescence, tending to diminish to some extent with the approach of old age; the other is that it appears to rest upon certain physical and emotional factors, which forms the target of the research I am now about to describe.

A Research Project.

This was the result of individual studies of 165 subjects, and was the product of collaboration of members of a team of doctors from the Institute of Psychiatry, the Maudsley Hospital (of whom I was one), of medical officers from Her Majesty's Prisons, and of a psychiatric social worker.

The method adopted for the study was to select two groups of psychopaths, each of approximately fifty men, from among the prisoners in the three prisons made available for this study, and to match these for age with a further group of roughly the same number of prisoners selected at random from the same three prisons to act as control. The two groups of psychopaths were divided into those in whose previous history there was evidence of head injury or a personal or family history of epilepsy, and those in whom there was no such history or evidence of former injury or epilepsy. The only conditions imposed upon the selection of controls, apart from that required to match them for age as far as possible with the psychopaths, was the exclusion of any men with history of head injury or epilepsy along the lines just indicated. This selection was made in the first instance by prison medical officers, and every one of the men thus selected was then interviewed and examined by one of the authors (S-C.) so that a standard clinical evaluation of psychopaths and controls could be made. We were thus provided with three main groups of subjects; psychopaths with head injury or epilepsy, psychopaths with neither, and controls.

All these subjects were then interviewed, the object of the research was explained to them in broad outline, and their co-operation was invited. It was very rare indeed for it to be refused. Once it had been obtained each man was given a full psychiatric and clinical examination by the author, including an examination of the nervous system; on a subsequent occasion the subject was further submitted to an electro-encephalographic study and to other special studies of a psychometric, physiological, and morphological kind, to be further indicated in the section devoted to technique. In a certain number of cases the psychiatric history taken was supplemented by a full social investigation. Our original intention had been to provide this in every case but this unfortunately proved impossible.

The aim of the method was to secure as wide and comprehensive an approach to the problem as was possible, selection on clinical grounds being followed by an approach to each of the three groups from four distinct angles; these were: (1) routine physical and psychiatric examination, (2) electro-encephalographic study, (3) psychological and constitutional study, and (4) examination of family and social background."

Clinical Material.

At the completion of the project 165 prisoners had been studied. They were divided among the three groups as follows:

Psychopaths without head injury or epilepsy ..	48
Psychopaths with head injury	42
Psychopaths with epilepsy	14
Controls	61

All these men were drawn from H.M. Prisons at Brixton, Wormwood Scrubs, and Wandsworth. Their age ranged from eighteen to fifty-eight, with the vast majority falling within the group twenty to thirty-five. All of them were convicted prisoners serving sentences.

Their offences included most of the indictable crimes in the Calendar from petty larceny to murder. Violent and non-violent crimes were well represented in both control and psychopathic groups. No attempt was made to classify men according to the nature of their offences or the number of times they had offended previously, except in so far as these criteria may have influenced the clinical impression of the medical officers originally selecting them for inclusion in the psychopathic groups.

The technical details of this work, and the results of the investigations performed, were published in the *British Journal of Delinquency*, volume ii, number 2, in October, 1951. It proved possible to correlate them to an extent which suggests that a combination of the methods employed does in fact delineate the psychopath and distinguishes him from both control neurotic subjects on a firm basis.

To be concluded in our next issue.

THE INSTALLATION OF HER MAJESTY QUEEN ELIZABETH THE QUEEN MOTHER AS CHANCELLOR OF LONDON UNIVERSITY

HAVING attended the installation of a Cambridge Chancellor in the classical surroundings of the Senate House, a Guy's representative with allegiances to both Cambridge and London Universities might perhaps be excused for approaching with slight misgivings a parallel occasion in the Royal Festival Hall—particularly at a time when the spacious sweep of the foyer was broken up by the stands of a book exhibition, unlit and roped off, huddled together as if in embarrassment at being found gaping at the distinguished passers-by. With no centuries-old ceremony to draw upon, and in a contemporary building with no connection with the University, the special atmosphere of such proceedings might well have been missing. In the event the University authorities are to be congratulated both on their choice of so fine a hall, which could house not only senior members but students from all the diverse institutions that go to make up London University, and also on the imagination with which an unprecedented occasion was handled, an occasion demanding a judicious blend of academic dignity with not too obtrusive civic pomp.

The atmosphere was present from the moment one entered the auditorium to find Mr. Ralph Downes at the organ he had designed for the Hall, and a distinguished and learned gathering in which the predominant academic scarlet clashed merrily with the greens, browns and purples of other hoods and the variegated scarves which seemed to constitute the academic dress of many undergraduates. We were particularly happy to pick out Lord Cunliffe, and several Guy's professors among the guests.

An eloquent testimony to the prestige of the University and the world-wide acclaim of its new Chancellor was the representation of 138 British, Imperial and foreign universities, in most cases by their Vice-Chancellor or Rector. This eminent company included the Rector of Moscow University, the Professor of Comparative Anatomy at Cracow, the Rector Magnificus of Malta University and an Associate Professor of Soil Science from Alberta. The British doctorate gowns had seemed colourful until this double procession entered to take its place on the platform behind the chairs reserved for the Queen Mother, the Vice-Chancellor and the recipients of honorary degrees. Such a collection of academic robes can surely have never been seen in one place before—there were tall silk hats and lace cravats, richly embroidered Renaissance gowns, ornate chains of office, gilt buckles and one superb Flemish ruff crying out for a Hals or a Rembrandt to immortalize it. In a moment of supreme irreverence we pictured the whole concourse as the Doge's Court in some mammoth production of *The Merchant of Venice* on ice.

Next came the Vice-Chancellor's procession, and when its members had taken their places, the Chairman of Convocation recited the Deed of Appointment, and the Vice-Chancellor requested him to conduct Her Majesty to the Hall. The final touch of Royal pageantry was provided by the eight state trumpeters of the Royal Horse Guards, ranged in front of the platform, who sounded a rousing fanfare as Her Majesty, robed in the black and gold gown and square of her new office, proceeded to her chair behind the mace-bearers and the Clerk and Chairman of Convocation. It need hardly be said that she brought to the ceremony all those qualities which make her so universally loved and respected—a warm-hearted grace, not obscured by the regal dignity which was so becoming to the occasion. Her Majesty was installed by the Vice-Chancellor and as she moved into the Chair she was greeted with a prolonged ovation, not least from the Ceremonial Box in which sat Princess Margaret with the Earl of Athlone, who resigned from the Chancellorship earlier this year, the Countess of Athlone and the Princess Royal.

In her speech the Queen Mother pointed out how the University of London has always endeavoured to adapt itself to changing conditions. "It was the first in this country to admit women to its degrees", she said, "the first to appoint a woman as professor, and the first to elect a woman Vice-Chancellor". Then with a delicious touch of humour she added "To-day, as you see, it has taken yet a further step. I thought you might wish me to direct your attention to an attitude so progressive." She went on to point out the great contribution which London is making to the development of University learning in the Commonwealth, and sketched the tremendous social advances which have taken place since the University was founded in 1836.

Her Majesty's first task as Chancellor was to confer Honorary Degrees on Sir William Walton (Doctor of Music), Lord Malvern, Mrs. Pandit and the Marquess of Salisbury (Doctors of Law), Sir Richard Livingstone (Doctor of Literature) and Dr. Wand, the retiring Bishop of London (Doctor of Divinity). It was here that one hankered a little after the Latin orations of Oxford and Cambridge, where tradition demands elaborate classical puns, and, equally important, an erudite exposition in the next morning's *Times*. But in our language the pun is not the most elegant of figures of speech, even when handled with Sir Ivor Evans's rhetorical skill, and it could be argued that his eulogies would have been better without these ornaments. The medical profession was indirectly honoured in the person of Lord Malvern, who before beginning a second distinguished career as Prime Minister of Rhodesia and Nyasaland, was the Medical Superintendent of the Hospital for Sick Children, Great Ormond Street.

"He is endowed with a heroic magnitude of mind", said the Public Orator, "For what else could have emboldened him, when Prime Minister, to undertake the politically and imperially delicate task of operating on the Governor of his territory—a genuinely incisive demonstration of the Governor's confidence in the surgeon Premier's steadiness of hand, eye and judgment?"

When the degrees had been conferred, the National Anthem was sung, and the processions left the Hall to the strains of Walton's 'Crown Imperial' March, an appropriate choice though somewhat emasculated by Mr. Downes's too archaic approach to his instrument. So ended a significant moment in the history of our University, a moment which added to its greatness by the installation of a lady who does us honour in becoming our respected Chancellor.

T.W.H.

AUTUMN STUDY DAYS

The autumn Study Days for the Guy's Sisters were held on 15th and 16th November, 1955. The programme was varied and included, as well as lectures, reports from Sisters who had attended recent conferences. The reports were followed by discussion. These included *Certain Aspects of Chronic Cardiac Failure* by R. Kauntze, M.B.E., M.D., F.R.C.P., *Holland—Records of practical experience; the nurse as almoner*, a report from Miss R. Tanner, and *Continuous Observation*, a film, followed by a talk from Miss Olive Griffith, S.R.N., R.M.N. Ministry of Health, on the care of the mentally sick.

In the afternoon a report on Scandinavian Hospitals was given by Miss F. Carter, and a lecture, *Radio-active Isotopes* was given by J. M. McArthur, F.R.C.S., D.M.R.T. A demonstration of bedmaking and lifting by a technique evolved by Miss J. M. Young and Miss D. H. Summers of the South London Hospital for Women was given by them.

On the second day, reports on the Conference held at the Royal College of Nursing were given by Misses M. Day, M. Duncombe and C. O'Toole; a lecture on the Nurse's place in international work by Miss R. Dreyer of the World Health Organisation; and the audience heard *Advances in the Surgery of the Large Intestine* by S. H. Wass, M.S., F.R.C.S.

In the afternoon a lecture *Guy's Hospital—illustrated by documents from the Strong Room* was given by H. C. Cameron, M.D., F.R.C.P.; and films *Hypothermia* and *Mitral Valvotomy* were introduced by D. N. Ross, M.B., Ch.B., F.R.C.S.

The Sisters very much appreciated the lectures and talks from the experts. Special mention only can be made of Dr. Cameron's account of some aspects of Thomas Guy and his predecessors which had come to light during Dr. Cameron's search of original records.

The Rector of Hekfield was present and brought with him early parish records of the Guy family. Following the lecture, a wish was expressed that the original Hospital records might soon be suitably displayed in a similar manner to the writings of Bright and Wilks to be seen in the Gordon Museum.

The Study Day for Guy's Staff Nurses and Staff Midwives was held on Tuesday, 22nd November, 1955. The programme included lectures and the showing of films. These included *The Rhesus Factor* by T. L. T. Lewis, F.R.C.S., M.R.C.O.G., *Frightened Patients* by D. Stafford-Clark, M.D., M.R.C.P. The second lecture was followed by the showing of the film *Continuous Observation*. This film was made in a mental hospital, and Miss O. Griffith, of the Ministry of Health, acted as adviser.

Recent Advances in the Treatment of Hypertension were described by J. R. Trounce, M.D., M.R.C.P., and the films *Hypothermia* and *Mitral Valvotomy* were again introduced by D. N. Ross, M.B., Ch.B., F.R.C.S.

The session ended with a lecture, illustrated from slides, given by C. Keith Simpson, M.D. on *Crime and the Nurse*.

The Staff Nurses and Staff Midwives were appreciative of the lectures given and were grateful to members of the medical staff who had contributed to the stimulating Study Day.

GUY'S HOSPITAL DENTAL SOCIETY BALL, 1955

The Annual Dental Ball was held at Grosvenor House on Friday, 11th November, there being a record attendance of 470. The larger gathering this year being made up by an increased number of students. By way of a change a dinner replaced the usual buffet.

In spite of a very crowded floor the dancing was lively and during the evening a number of spot prizes were competed for.

The highlight was the appearance of Major Ian Macdonald Murray who, resplendent in national dress and complete with pipes and moustaches, played reels which were very much appreciated.

At midnight, the President's wife, Mrs. Mansie, graciously accepted the invitation to draw the raffle (a bottle of whisky and a bottle of gin). To everybody's delight, the first number drawn was that belonging to the president, who, amid loud cheers, called for a redraw.

Dancing continued until 2 a.m. and after *Auld Lang Syne*, the Major headed an immense conga of revellers through and about the hall and out into the night.

D.A.R.

MISS FRANCES GOODALL, C.B.E.

Unveiling of a Portrait at the Royal College of Nursing

A unique ceremony took place on Wednesday, 30th November, at the Royal College of Nursing. The portrait of Miss Frances Goodall, C.B.E., S.R.N., painted by James Gunn, A.R.A., was handed over to the Council of the College through the Ward and Department Sisters' Section. The other portrait, painted posthumously, was of Miss M. S. Rundle, a Bart's trainee, who was the first secretary of the Royal College of Nursing since its foundation in 1916.

Four Guy's Sisters in uniform were on the platform and Miss D. Parkins (Nuffield House) pulled the cord to unveil Miss Goodall's portrait.

Past and present members of Council were present and many distinguished guests, including the Minister of State for Foreign Affairs and representatives of the Ministry of Health and Ministry of Labour.

Miss Frances Goodall trained at Guy's from 1916—1919 and had considerable nursing experience before she was appointed Sister in charge of Out-Patients Department in 1925. From Out-Patients she moved to the College of Nursing in 1927 and she has been its energetic and distinguished general secretary until the present day. Miss Goodall has seen great developments in this professional organization since its inception in which Dame Sarah Swift and Sir Cooper Perry were instigators. Her work has brought many other spheres of activity, particularly with the Whitley Council as Hon. Secretary of the Nursing and Midwives Functional Council and with the Association of Business and Professional Women of which she has been president for the past 3 years. For her outstanding work Miss Goodall was made a Companion of the British Empire in 1953.

UTOPIA

There are vast unexplored territories in the catacombs of Guy's.

Each member of the Hospital has some contact with the Underground. This capillary network harbours an ant-like community. Some pass through, others stay to work. We live here.

We were desperate for digs and E.M.S. suddenly thought there must surely be one forgotten room where we could live, with luck undetected, for months. Several tours of inspection drew a blank. We found only where the army of mop-machines lies dormant and learnt a great deal about the electricity supply of the Hospital; but still nowhere to live.

Everyone intent on his purpose had failed to notice the small dark room somewhere on the left between the Founder s House and Henrietta's statue.

Transport of furniture to this site at first presented a problem. But after all why should anyone look twice at "two men from the Works' Department" carrying a bed. It wasn't so simple with the blankets. Carrying a pile, we were overcome with embarrasment on meeting the night nurses—We'd forgotten that everyone didn't sleep at night

We have risen above (or rather below) rail strikes, bad weather and lack of money. We defy anyone to find our rent free flat under the Hospital.

For reasons of Superintendents, Security Officers and starving students we must remain nameless—but a note in the rack addressed to:—

THE DOWN AND OUT STUDENTS' ASSOCIATION

would reach us, and for a small remittance we might find other basement accommodation.

E.M.S., J.L.P.

XYLOTOX ADVERTISEMENT—NOVEMBER 26th ISSUE

In the advertisement which appeared in the last issue, the price per tube for XYLOTOX-EXTRA PASTE was incorrectly shown as 6/9d., whereas it should have appeared as 6/- per tube.

A limited number of Christmas Cards are still available from The Gazette Office. Prices: 3s. 6d. to 7s. 6d. per dozen. Post 6d. extra.

CORRESPONDENCE

Letters to the Editor of the Gazette

Losses from the Wills' Library

From Dr. Maurice Campbell

SIR,—The Wills' Library Committee were very distressed at the recent stock-taking to find that three bound volumes of important periodicals and three numbers of more recent periodicals were missing from the Library. It may be possible to buy the missing parts, but almost certainly impossible to buy the missing volumes, and their absence will be noted by those using the Library for years.

The Library Committee will be grateful if anyone who thinks he might have borrowed these* books and failed to return them will make certain that this is not so and let the Library have them back if they can be found. The Library Committee are merely anxious about recovery of the volumes and will not enquire too closely into the breach of regulations that has led to them being out for so long.

Yours, etc.,
MAURICE CAMPBELL,
Hon. Wills' Librarian.

*The volumes referred to are:—

Archives of Internal Medicine, 1952, Vol. 89.
Brain, 1930, Vol. 53.
Bulletin of Johns Hopkins Hospital, 1940, Vol. 66.
British Heart Journal, 1954, Vol. 16, No. 3 (July).
British Journal of Dermatology, 1955, Vol. 67, No. 2 (February).
Circulation Research, 1954, Vol. 2, No. 3 (May).

Cardiac Department,
Guy's Hospital,
London, S.E.1.

London Working Party

From Mrs. Pritchard

SIR,—The activities of our Ladies' Association are well known, but those of the London Working Party are not so much in evidence and help is needed. Between the wars the working parties met weekly at one or other of our consultant's houses and some thirty or more people attended. During and since the war the meetings have been held in the linen store at the Hospital and the average attendance has been some seven to ten members.

There is a very large demand from the ward sisters for the garments produced at the meetings. A demand which is far too great for the working party to meet.

The benefit to the Hospital could be increased if more people who might be interested could join in the work. A double output could be absorbed without any difficulty.

I would be very pleased to explain the work more fully to anyone who felt she could join.

Yours, etc.,
I. PRITCHARD.

To Guy's Men in Canada.

SIR,—I am emigrating to Canada to practice urology and surgery in the Hamilton area. My family and I sail on 23rd December to arrive in Canada about the New Year.

Having noticed in a recent copy of the *Gazette* that quite a number of Guy's men are practising in that region I should be very obliged if you would kindly let me know how I may meet some of them when we get out there. I feel sure that Guy's men would always be ready with helpful advice to a new arrival.

My address for mail at first will be:— 2468 Donnavale Drive, R.R.I. Cooksville, Ontario.

Yours, etc.,
D. T. H. PAINE.

17B Gloucester Avenue,
London, N.W.1.

(*Any Guy's men in Canada who can help Mr. Paine with advice are asked to write directly to him at the address given and not to the Gazette Office*—Editor.)

A Complaint

SIR,—In your issue of the 12th November you published an article entitled *The Dental Assessment Factor and Pulmonary Tuberculosis.* In the next issue appeared a report of a lecture by E. J. Crisp, M.D., which opened by drawing attention to the curious reactions of the medical profession to any new theories. As if to give point to Dr. Crisp's remarks, you also published two letters both debunking this article in a very offensive way. It seems odd that you, Sir, should add your own weight to these letters by inserting them at all, as you later regret the omission of other letters and book reviews "owing to lack of space".

You recently invited past and present students to submit articles for publication; and the pages of the *Gazette* would be a proper outlet for original thinking; but one would expect to obtain a serious hearing and to be met with a thoughtful response. These letters do not encourage such contributions, and moreover they show extreme discourtesy, a failing which, hitherto, one has not associated with Guy's.

I feel that an Editorial apology is due to the writers of the Dental article, and I hope that it will be forthcoming, not as a mere formality, but with a true realization of the folly of the closed mind, especially in the medical profession.

Yours, etc.,
F. C. TOMLYN.

Lyndale,
Broadview Gardens,
Worthing.

How Straight ?

SIR,—May I protest a little to your reporter of the recent match with Bedford. As he saw it that day all must be ruin and desolation with Guy's rugger "until we have an attack which starts with a fly-half at top speed and running dead straight".

"Top speed", indeed yes, but "dead straight"—now there sir, I should like to disagree with him.

Think for a moment or two of the great outside halves of recent years—Cliff Jones and R. W. Shaw—the first a side-stepper, the second a swerver, totally different in style, each in his way superb. One thing, though, they had in common. Very rarely did either of them start an attack by running straight up field. Watch Cliff Morgan to-day. Occasionally, perhaps, he may go straight, from a loose heel with the defence already scattered. Or, once or twice in a game, usually near the line, he may make his sudden direct penetrating solo effort. But for the ordinary launching of attacks by his three-quarters—well, 45 degrees across the field would be more like it.

The truth is that an outside-half cannot go straight. There are too many clumping bodies in front of him.

His real art lies in something much more subtle. What he must do is to swing his three-quarters, with the utmost pace and rhythm, around and away from the forward mass in front of him, at the same time affording his centres their split-second opportunity to overlap their opposite numbers. To achieve this, in the orthodox out-to-the-wing attack, he must start off half across the field. The first centre then comes into it somewhat straighter, and the second centre, running dead straight, crashes onto his pass and goes cleanly through and on and into and down with the full-back, leaving his wing serenely sailing clear and alone.

Twenty years ago P. C. Alexander and C. G. Wright of Guy's completed this sort of movement better than any pair I have seen since. But it was Van Steytler and J. E. Giesen who used to begin it all for them, by their speed and timing, most of it not straight at all.

Yours, etc.,
I. McD. G. STEWART.

125 St. Annes Road East,
St. Annes, Lancs.

The Search for Silence.

SIR,—May I be one of the first to congratulate the Works Department on their fine show in erecting a box in the Wills library.

Now that three weeks of hammering has ceased and all the nails are inserted, peace should come down upon this section of the Hospital—But Fie! What is this we hear?—A drill on the external surface of Nuffield Block, and the only too familiar beat of hammers on the pipes surrounding the library area.

We enter the physiology reading room to find it reserved for B.Sc. students; and all the small lecture theatres are in use.

So now my request. Does any kind person know of a spot, not too far distant from the Medical School, where one can further one's knowledge in comparative silence?

Perhaps we could use the Works Department's Office?

Yours, etc.,
Guy's Hospital, 'CHASBE'.

Nurses' Homes.

SIR,—After reading the recent letters from 'Four S.R.N's.' and 'Innominate Member', memories of Guy's came pouring back.

Even in the dark days of rockets and doodlebugs, I recall piping hot baths at every hour of the day, a resident hairdresser, and even breakfast in bed, all through training. The House sisters were kind and helpful, and the attention received when ill was wonderful. Sister (as she then was) Addison's kindness to a tiresome war-bereaved probationer is something I shall also not forget.

Many were the times I was thankful for the humanity of Guy's training after leaving, when I saw women in labour, and insane patients slapped and sworn at and patients rudely refused small services, such as boiling eggs, and—worse still—bedpans!

Working with nurses from another famous London hospital, where etiquette and serving of meals were impeccable, there was an amazing lack of practical training in simple things, such as boil-dressings, and at an equally famous hospital, in a University town, the nurses' left after a three-year training, having just about reached senior-pro standard at Guy's.

Memories of "midder" at a large west-country hospital are best left undisturbed, but I blush now to recall leaving bottles in cots with babies, and waking mothers at 4 a.m., after often less than five hours sleep.

Perhaps I shall live to see my daughter (aged 5) become a Guy's nurse, she has already said she wants to be one and nothing could give me greater pleasure, in spite of crushed hems, and "smalls" festooning the bedroom.

Yours, etc.,
MARY TAYLOR.

New Bowers,
Maldon Road,
Danbury, Essex.

SIR,—I am sure that the "Four S.R.Ns." are happy to live on the job and no doubt they will continue to do so but what they wish is reasonable. There is nothing free in the Home, for the £2 17s. 6d. per week which they pay is for the constant hot water, etc. B. B. Whyte reminds me of the bus conductor who replied to a complaining passenger that if she did not like his bus, to take a ruddy taxi. A nurses' salary is not elastic.

I left Guy's in 1910 so I am an old 'un.

Yours, etc.,
GORDON E. ROYSTON.

156, Hornsey Lane,
Highgate, N.6.

Passim

SIR,—*Passim* would like to see all operatic doctors carrying a black homburg and a phial of heroin, apparently conducting a domiciliary; two crowns more for a magnetic recording of the heroine's heart.

Cause of death should be clear and simple, vague habits such as syncope and coma are unacceptable.

Verdi, however, did not train beneath a 'station on the south bank' and must be forgiven for assuming that asphyxia could occur from delayed bruising and oedema.

All lyric sopranos should enter a sanatorium for a while, and if they survive at least they would look as if they have phthisis.

Yours, etc.,
DAVID NICHOLSON.

95a, Jermyn Street,
St. James's, S.W.1.

REVIEWS

Diseases of the Liver and Biliary System. By Sheila Sherlock, M.D., F.R.C.P. Blackwell, Oxford. *Price* 50*s.*

This is an outstanding book. There have been in recent years enormous advances in our knowledge of liver disease and the time was ripe for an authoritative and practical account of the present position. Dr. Sherlock's book admirably fills this want and will be regarded throughout the world as a credit to British medicine.

Dr. Sherlock departs from the traditional textbook method of describing individual diseases and deals with them instead by discussing the functional and morphological changes which they produce. Thus the features of hepato-cellular failure and portal hypertension are given in general terms as a foundation for subsequent discussion on virus hepatitis, nutritional liver disease and the cirrhoses. This method of presentation undoubtedly facilitates understanding of the clinical features of liver disease and of the indications for rational treatment.

Inevitably in a first edition there are occasional errors, as for example the bald statement on the prognosis of hæmochromatosis: "The uncomplicated case carries a duration of life of eighteen and a half years from the date of diagnosis". This strange dictum is based on a misquotation from Sheldon (1935), who found that the average survival of 89 patients reported in the literature was eighteen and a half months. Even in its correct form, however, this estimate gives an extremely misleading idea of the prognosis at the present time, since most of the patients in Sheldon's series lived before the discovery of insulin and died of diabetic coma.

This book will be read with profit by all physicians, by surgeons interested in portal hypertension and the biliary tract, and by candidates for the Membership and Fellowship. It will also prove a valuable work of reference for all doctors and medical students.

J.C.H.

Recent Advances in Neurology and Neuropsychiatry. Sixth Edition. 1955. By Sir Russell Brain, Bt., D.M.(Oxon.), P.R.C.P. and E. B. Strauss, M.A., D.M.(Oxon.), D.Sc., F.R.C.P. J. & A. Churchill Ltd. *Price* 30*s.*

The sixth edition of this book comes from the authors who were responsible for the first edition more than a quarter of a century ago. It was their expressed intention at that time that all the subjects treated should have a clinical bearing and they hoped in this way to meet the needs of the medical student, the qualified doctor of medicine reading for higher examinations and the practitioner of general medicine. It is 10 years since the last edition was published and the book has been entirely rewritten even since then but the authors, in selecting material for this edition, seem to have been prompted by the same wish and have admirably fulfilled it. Work done during recent years on the functions of the frontal, temporal and parietal lobes is described and their disorders discussed. Poliomyelitis and the demyelinating disorders are brought up to date and there is an excellent chapter on the intervertebral disc and spondylosis, in which subject Sir Russell Brain has been, of course, especially interested. A chapter on the cerebral circualtion contains some recent observations about its physiology and makes reference to angiomas, internal carotid thrombosis, subarachnoid hæmorrhage and temporal arteritis.

As an indication of the value of the special techniques upon which neurology has recently come to rely, Dr. Denis Hill contributes a chapter on electroencephalography and Dr. David Sutton one on neuroradiology. Dr. Hill gives a clear and concise account of electroencephalography both as an aid to the study of cerebral physiology and as a diagnostic technique in neurological disease. Dr. Sutton also gives a clear, concise and yet detailed account of his subject which is, in addition, beautifully illustrated both with photographs and line drawings. It is a pity, therefore, that he occasionally exceeds his brief as, for example, when he ventures into opinions regarding treatment and says that certain lesions are benign and non-progressive and best left alone.

Mr. Northfield again contributes a chapter on intracranial tumours.

The book well justifies its title and gives a good account of the recent advances in the field of neurology and neuropsychiatry. It is well produced and the only further criticism offered, and that a trivial one, is of the lack of consistency in the myelographic illustrations of disc protrusion and spondylosis where positive and negative prints appear in successive illustrations.

I.M.

Anatomy Regional and Applied. By R. J. LAST, F.R.C.S. J. & A. Churchill. *Price* 55*s*.

Many people think that there should be some justification for the appearance of another text book of anatomy. After all, there are the standard works on which all doctors have been reared and these regularly appear in new editions. And yet this new book is different from the others. Throughout the text there are innumerable "titbits" of information which add considerably to the pleasure of reading what some think, is a dull subject. As the author states in his preface, he has attempted to give the why and wherefore of anatomical structures. Sometimes it is embryology that explains and clarifies difficulties, e.g., the nerve supply of various parts of the head and neck. Sometimes clinical medicine is used to justify some details, e.g., the distribution of the posterior inferior cerebellar artery. Sometimes comparative anatomy stimulates one's interest in a particular structure, e.g., the opening paragraph on the larynx.

On the other hand, the reviewer feels that the author has attempted too much. Section 1 on "Tissues and Structures" and Section 7 on "The Central Nervous System" are difficult, or even impossible, to understand unless one already has a fairly extensive knowledge of anatomy. Would it not be better to admit quite frankly that it is impossible to cover adequately the whole of anatomy in a book of this size?

The text is, on the whole, free of errors and the illustrations are clear and helpful. Perhaps one may be allowed two criticisms regarding the style of writing. The author has a tendency to repeat striking phrases, e.g., he calls bone "a bloody tissue (or structure)" three times within 6 pages, nerves are constantly "hitch-hiking" along other nerves and one structure is frequently "plastered" on to another. Secondly, he is at times too dogmatic, e.g., is the tonus of flexor hallucis longus the most important single factor in maintaining the medial longitudinal arch of the foot? (p. 216); has the prostate no counterpart, even vestigial, in the female? (p. 365); is the function of the round ligament to hold the uterine fundus forward in anteversion? (p. 369); is failure of regeneration of a cut optic nerve due to the absence of Schwann cells? (pp. 501 and 603).

While reading through the book, a suspicion that it was written for a special group of doctors became stronger and stronger. The group referred to are those who intend to sit the Primary F.R.C.S., of one of the Royal Colleges. To them, and especially since they have at some time or another learned their anatomy, the book is strongly recommended. To undergraduates, one would hesitate to recommend this book. On the other hand, one has the feeling that frequently many doctors will say "What does Last say about . . . ?" and that is praise indeed!

J.J.

Introduction to Medicine for Dental Students. By R. W. M. Strain. John Wright & Sons Ltd., Bristol. *Price* 15*s*.

It is impossible to write a satisfactory book on medicine for dental students, since the subject cannot be compressed sufficiently without becoming unintelligible here and inaccurate there. Furthermore, no one knows how much medicine the dental student ought to learn; indeed, one may well wonder whether he will be any the better dentist for learning more than a few facts which he could pick up in an hour or so.

The examining bodies think otherwise, however, and dental students will find this little book useful for revision before the medicine paper.

J.C.H.

Pharmacology in Medicine. Edited by VICTOR A. DRILL. The McGraw-Hill Publishing Co. Ltd. 1st Edition. *Price* £7 16*s*.

Pharmacology is growing rapidly and already embraces such a wide field that it is increasingly difficult for a single author to present an authoritative and up to date review of the subject. Here is one answer to this problem and on the whole it is very good. It is a collaborative effort by 81 American pharmacologists covering most aspects of the subject. The method of numbering the pages makes it impossible to give the number, short of counting them (manually, at least in this country), but it is a large book, some 5 cms. in thickness. Dr. Drill is to be congratulated on a reasonable uniformity of presentation. Some of the sections are, of course, better than others but many of them are very good indeed and all of them informative. They all start with a short introductory review, most of which are very useful. I venture to guess that if the help of British pharmacologists had been enlisted there would have been a greater emphasis on some fundamental aspects of the subject and on biological standardisation, and that in some chapters methods used in studying the actions of drugs would have been more thoroughly discussed. Perhaps more and better illustrations might have been useful.

I have deliberately had the book with me nearly a year before expressing an opinion. Many of my colleagues, as well as myself, have used it over and over again and found it full of valuable and up to date information. As a book of reference I would not be without it.

J.M.R.

Dextran: Its properties and use in Medicine. By John R. Squire, J. P. Bull, W. d'A. Maycock and C. R. Ricketts. Blackwell Scientific Publications. Oxford. 91 pp. *Price* 15*s.*

This short book summarises fully the available knowledge on the preparation, chemistry, physical properties, clinical and experimental uses of dextran. Much of it is based on work done by the authors at the Accident Hospital and Burns Research Unit at Birmingham. Anyone wishing to acquaint himself with the uses of this latest of the plasma substitutes will find all he needs to know in the monograph. The section on the antigenicity of dextran is interesting—particularly the occurrence of sensitisation in normal individuals (p. 43) and its possible relationship to the formation of dextrans by Group H streptococci in the nasopharynx. The book contains 190 references to the literature. The only objection to it that your reviewer can find to make is on the grounds of price, which for such a short publication seems excessive.

W.H.H.M.

Practical Exercises in Dental Mechanics. Second Edition. By F. G. Shaw, L.I.B.S.T. and D. C. Scott. Henry Kimpton. 1955. Pp. 205. *Price* 15*s.*

This is a well produced book, well written and copiously illustrated and is primarily intended for dental technicians who will learn much from it. Dental students will find it less valuable and its not infrequent inaccuracies make irritating reading particularly in Part I. Few students will accept the definition of alveolus as a bony tooth socket and the half dozen pages on oral anatomy are too brief and condensed to be worth reading. The description of any method for obtaining balanced articulation of artificial dentures is unfortunately absent though other technical exercises are well described.

H.B.F.

Proceedings of the First World Conference on Medical Education, 1953. Oxford University Press, 1954.

Few doctors, and perhaps even fewer students are entirely satisfied with the state of medical education today. There will be widespread interest therefore in this book, which is a record of the papers read to the first world conference on medical education, held in London in 1953 under the presidency of Professor Sir Lionel Whitby. Six hundred delegates from 62 countries attended the meetings. The object was not to attempt a reform of the medical curriculum which, it was rightly decided, would inevitably have failed, but to stimulate thought and discussion on various aspects of the problem. The conference was generally regarded as having been a great success, even by at least a few delegates who had approached it in a somewhat sceptical mood; and the reviewer, for example, heard a good deal of discussion and praise of it when he visited Scandinavia later the same year.

After the opening addresses (noteworthy among which was the discourse entitled "What is education?" by Sir Richard Livingstone), the conference split up into 4 sections to discuss separately papers on:— (A) Requirements for entry into medical schools, (B) Aims and content of the medical curriculum, (C) Techniques and methods and (D) Preventive and social medicine. Interesting contributions are to be found in each of these sections, but special mention may be made of Sir Henry Cohen's thoughtful essay on "a balanced curriculum". Many too will want to read the explanations Mr. T. R. Henn gives for "Why students fail".

There is perhaps very little in this large book that has not been said before. Reforms are not made, however, by saying things once, or even twice; and the fact that the book came to be written at all is a welcome indication of the amount of thought now being devoted to a rather neglected subject.

J.C.H.

Biochemistry and Human Metabolism. By BURNHAM S. WALKER, M.D., Ph.D., WILLIAM C. BOYD, Ph.D., and ISAAC ASIMOV, Ph.D. Second Edition. 1954. Baillière, Tindall and Cox Ltd. *Price* 77*s*. 6*d*.

Although neither medicine nor the medical student is mentioned in the title of this book the authors state in their preface that it was "their intention to prepare a book on biochemistry intended primarily for the medical student. This intention has . . . dictated our every decision in the matter of what to include in the book and how to include it".

The book gives a more comprehensive account of human biochemistry than do most books written specifically for the medical student and in it such a student will find the answers to most of his biochemical questions. But he will also be brought to the realization that, in the present state of our knowledge, there are some such questions to which clear-cut, definite answers cannot be given. The arrangement of the subject-matter is somewhat unusual and the reader may find it necessary to refer to the index rather more frequently than is generally the case, but this is not necessarily a disadvantage for it serves to emphasize the fact that biochemical problems cannot be considered as being in water-tight compartments, but must be considered in their relation to other problems. Thus full accounts of protein and fat metabolism are impossible without reference to the metabolism of carbohydrates.

The book is divided into six parts (1) Structure (Chapters on Proteins, Tissue Chemistry, Blood and the Anæmias), (2) Control (Enzymes, Hormones), (3) Growth (Nucleoproteins, Cancer, Reproduction and Heredity), (4) Metabolism (Food and Diet, Digestion, Carbohydrates and Diabetes, Lipid Metabolism and Ketosis, Proteins and Starvation, Electrolytes and Water: Edema and Shock, Respiration and Acidosis, Heat and Work, Excretion and Some of its Disturbances), (5) Pathology (Vitamins and Vitamin Deficiency Diseases, Infection), (6) Appendices (Colloids, Isotopes, Principles of Thermodynamics).

The reviewer has noted few misleading statements, inaccuracies or important omissions, but those which do occur are somewhat surprising. For instance on p. 607 is the statement "A frequent and almost invariable consequence of severe protein deficiency is œdema". No mention is made of the investigations carried out in German concentration camps after the war which showed quite conclusively that hypoproteinæmia does not always cause œedema, and that famine œedema may occur without hypoproteinæmia, whilst the chapter on Excretion and Some of its Disturbances makes no mention of the possibility that malnutrition may cause œdema by reducing the water-excreting power of the kidney. The chapter on Infection contains several statements which are either misleading or difficult of interpretation. Of these only one will be mentioned viz., that on p. 791 that "the antibodies produced by injecting rabbits with the egg albumin from the hen will also react with the egg albumin from the duck". This statement ignores entirely the work of Dakin and Dale using guines pigs and carried out in 1919 from which they concluded that "The crystalline albumins from the eggs of the domestic fowl and duck behave as distinct antigens for the anaphylactic reaction". The anaphylactic reaction is, in fact, one of the most sensitive tools available for showing the identity or otherwise of two proteins.

In spite of these criticisms the book can be recommended to the clinician or clinical student in whom an interest in biochemistry has been awakened by contact with patients and who realizes that a complete understanding of abnormal metabolism is impossible without a knowledge of the fundamentals of biochemistry. It is too advanced a book for the complete newcomer to the subject of biochemistry and too detailed for students preparing for the 2nd M.B. examination. On the whole it is a very readable book and, as a teacher of biochemistry the reviewer is glad to possess a copy.

A.S.

Hæmatological Technique. By E. M. DARMADY and S. G. T. DAVENPORT. J. and A. Churchill Ltd. *Price* 10*s*.

This is a book written for medical students and technicians. It gives descriptions of commonly used techniques and also some of the background of theory and clinical medicine.

On techniques there are numerous defects. The choice of those described is often poor, for instance the chapter on hæmoglobinometry gives only a passing reference to the use of photo-electric methods and that is the archaic alkaline hæmatin method. In the same chapter, by contrast, we find a lengthy description of the measurement of blood iron and other rarely used or outdated methods. One hopes that those who are intended to use the book have a slightly greater knowledge of arithmetic than the authors seem to think. It is surely unnecessary to spend the best part of a page in explaining the most elementary logarithms and such things as the number of milligrams in a gram. It is difficult to imagine how the examples given of calculations could be made longer or more tedious. There is some effort made to give an idea of the errors of various methods both inherent mathematically and also technically. There is, however, little comparison of the accuracies of alternative methods, again shown in the hæmoglobinometry chapter, and what a pity that discussion of the mathematical basis of errors is left to a chapter at the end of the book and not brought into the context with each individual method. The book fails to encourage the thoughtful approach from knowing what proportion of the total error crops in at each stage, which is so important in obtaining good results.

The medical student reading the book will perhaps find the description of technique adequate for an occasional attempt, but he will hardly find enough in the clinical or pathological sections. These are all very sketchily written, full of rough generalizations and many errors. There is no clear cut section on the anæmias and no proper definition of the relationship between hæmatological findings in anæmias and clinical state which has been established in Wintrobe's classification for about 20 years. In the chapter on leukæmias we find the surprising statements that periods of remission in acute leukæmia are almost diagnostic of the monocytic form and that lymphosarcoma is one of the "rarer forms of aleukæmic leukæmia". Probably the worst chapter is that on coagulation defects. The outline of modern ideas on the subject is extremely flimsy, there is no description of which factors can be measured in the various tests and in particular there is no attempt made to explain the distinction between the one and two stage prothrombin times. There is almost no mention of the mode of action of the anticoagulant drugs.

This book cannot be recommended to either student or technician. There are numerous books dealing with this subject, not all more expensive, which deal more fully and thoughtfully with the same material.

J.D.B.

Surgery of the Sympathetic. By A. LEE McGREGOR. Bristol: John Wright. 1953.

This book deals with the surgical anatomy of the sympathetic nervous system and describes the treatment of autonomic derangements. The style is conversational which makes for easy reading. Much of the text bears the stigmata of hurried assembly and there are many statements whose meaning is obviously not intended, such as "the operation is based on the fact that denervated vessels are incapable of dilating or contracting". In the section on sympathetic denervation of the upper limb the axillary approach is scarcely mentioned and any form of trans-thoracic operation is deprecated. A large section is devoted to hypertension which would seem to be unfortunate in view of the present state of surgical opinion and few would agree that "the place of surgery in the treatment of essential hypertension is thus established."

Despite these criticisms the book can be read and understood quickly and easily; its colloquial nature may offend the fastidious but for most readers the ever present personality of the author will give life to the text.

A.P.

The House Physician's Handbook. By ALLAN BIRCH, M.D., F.R.C.P. 1st Edition. 1955. E. and S. Livingstone Ltd. *Price* 10*s*. 6*d*.

This is an excellent book. The first chapter on "General Duties and Information" is written with insight and is extremely useful. It covers most of the situations in which one is so much at a loss and in danger of an administrative or professional *faux pas*.

The remaining chapters describe clinical procedures, the essentials of clinical pathology, a selection of treatments, the use of common drugs, and dosages. The amount of valuable information is remarkable, and the writing clear and concise. There is no unnecessary detail, but where detail is essential it has not been omitted. The arrangement is in parts apparently haphazard but it is hard to see how this could easily be improved. There are no obvious omissions.

The author has succeeded admirably in his aim, and has produced a most comprehensive and useful handbook.

J.C.A-D.

SPORT

RUGBY FOOTBALL

Guy's Hospital *v.* Wasps

At Sudbury

Wednesday, 16th November

Result: Won 9—6

A win against the Wasps is always a welcome event and in view of the Club's showing this season a most welcome one. It was a dour struggle forward, typical of a mid-week game—with Guy's still showing that lack of cohesion and combined thrust which for so long has been the difference between mediocrity and superiority.

For the first fifteen minutes Wasps held territorial advantage, pressing Guy's line hard with forward rushes and a change of direction from the loose heel, until Buirski, who played well throughout, took a dropped pass with his feet, picked up and gained valuable ground.

The Wasps continued to press, Sykes skilfully playing to his experienced pack and not averse to the blind side break. It was in this manner that, after a Hospital misunderstanding, the Wasps hard-running right wing broke through for a try in the corner. A Wasp infringement gave Armour a chance to level scores with a long straight penalty.

A fast service from the Wasps' halves gave their centres plenty of room but from the set-piece attacks the Guy's back defence stood firm. It is a shame that hesitance and an attitude of "he's not my man" in the loose is one of Guy's worst faults—our captain and back row excepted. So it proved when Mettler, the Wasps' outside half, was given a little room and ran through half the Guy's team to score. Again Sykes failed to improve upon the score.

It was now that Guy's had their first concerted move; Hawley broke through, passed inside to Thomas who, from his fierce aspect and strong running, seemed certain to score but for a previous foot in touch by Hawley. Now Keen, who always had the opposition guessing with his dummy and elusive change of direction, made half a break, slipped it to Leyshon who had positioned himself well but a promising move was spoilt by a knock on. Guy's were throwing the ball around now; the forwards giving an adequate supply of the ball. Syrett intercepted a pass from the base and looked very dangerous until pulled down by Hawley. Again Keen made a dodging break, gaining ground and making the Wasps' full back mark on his own line.

Guy's continued to attack, but individually rather than as a team until Armour, feinting to find touch joined up with his backs who swung the ball. Hackett to Hawley to Keen who broke through, again disappointingly attended.

The score at half time was Wasps 6 points, Guy's 3 points.

The second half started scrappily with little constructive back play until the Wasps' full-back raced through on the right wing as the extra man—only to be crashed into touch by the ubiquitous Cooke and Thomas who unfortunately sustained a dislocation of his wrist. Buirski left the pack and the fourteen, as if inspired, opened the game and pressed the Wasps hard. Armour, steady throughout, made certain of an easy penalty and the scores were level. Sykes missed a kick at goal and Hackett gathered behind our line broke, passed to Leyshon, who ran hard, inside again to Keen, in again to Lillicrap who was closely hemmed in but Guy's were sixty yards to the good. Guy's used the diagonal kick to good effect but the unlucky bounce and lack of support failed to produce a score. Fifteen minutes to go and Guy's needed points desperately. Knight saw his chance, broke blind but his cross kick did not go to hand. In the closing minutes we were to see a try scored as it should be. From a Wasps move Leyshon snapped up a loose ball, was through the gap and speeding for the corner. He had every bit of sixty yards to cover and was only saved from touch-in-goal by his well-timed dive to score the winning try. Guy's were not going to lose this game now and they made sure they did not.

Guy's *v.* Rosslyn Park

19th November

At H.O.P. Lost 11—6

This game was unhappily reminiscent of the match against the Old Blues, in that we gained and held an early and well deserved lead, only to lose the match because our opponents took their second half chances more surely and confidently than we did ourselves. Once again fitness and finishing were to blame.

Guy's gained a three point lead in the first minute when Armour kicked an excellent penalty and Guy's, heartened by this, began to press. The first time the Park broke away in our twenty-five they followed a loose ball and a lucky bounce to touch down a try far out which they then converted, making the score 5—3. Soon after this Guy's had two more difficult chances at a penalty, the second of which Armour brought off with a splendid kick, and at half-time after an even game in which Guy's seemed to have the better of the exchanges we were leading 6 points to 5.

The second half saw the Park score from a grubbed kick along the ground completed by a three-quarter who gathered and scored again far out, this time without conversion following. Thereafter a spate of incomprehensible penalties culminated in the Park kicking a goal to take their score to 11. In the last 15 minutes Guy's, handicapped by an injury to Hawley who had to go on the wing, had an unhappy time, and the final score of 11—6, left us once again beaten when more sustained speed and opportunisms in attack should surely have given us a much needed win.

Team: A. J. Armour; C. E. Evans, E. D. Keen, R. T. Hawley, J. Leyshon; G. W. Hackett, R. K. Knight; J. S. Van den Berg, H. Richards, R. W. May; D. M. Smith, M. J. Loxton; D. A. Lillicrap, S. A. R. Cooke (Captain), A. Buirski.

Guy's *v.* Coventry

26th November

At H.O.P. Lost 13—0

By contrast with last week's game against Rosslyn Park, Guy's set and sustained a splendid standard in this game, and reached their peak in the second half which produced quite outstanding football. Although Coventry is one of the best, if not the best Club side apart from Oxford, in the country, the margin of their victory certainly flattered them and was in part due to a cruel misfortune to Guy's which gave the visitors their last and virtually unopposed score.

The game began with a bang, and from a swift sure orthodox three-quarter movement

Guy's very nearly scored in the first minute. Phelps, making his first appearance for the first XV at scrum half, sent Hackett and the centres away fast and straight, and an excellent lofted kick ahead bounced on the Coventry goal line with two Guy's forwards up. Only a lucky bounce saved Coventry from conceding the touch down, and two minutes later Guy's were awarded a penalty kick in just the position from which Armour has lately been succeeding. Unfortunately, this time he failed despite a well judged kick of ample length.

Coventry then flung everything into attack, and by excellent combination between forwards and backs, and well judged kicks for touch whenever checked, pressed hard and eventually scored when, from a scrum 10 yards from the Guy's line, their scrum half Cole broke to the blind side and then flung the ball back to the centre where Henderson galloped over for a try which was converted. Later in the first half Coventry added a penalty and were leading 8—nil at half-time.

Nothing daunted Guy's began to play Coventry at their own game in the second half, and play swayed up and down the field with virtually nothing in it. Phelps playing an outstandingly good game at scrum half was continually getting the line moving faster than I have seen it go before this season, and Keen in the centre was combining well with Hawley. Together they continually found a way through the Coventry defence. Then came a tragedy; one of the Coventry centres sent a high kick down the middle of the field dropping towards the Guy's line. Armour racing forward to take it full toss and Evans, tearing back from the right-wing with the same end in view, collided head long without seeing each other and both fell temporarily shattered and insensible. A Coventry forward, pursued but not out-paced by Guy's falling back in defence, touched down the ball as it bounced over the line. Cole converted with an extraordinarily fine kick.

With five minutes to go Guy's played with dash and inspiration, and just before time Armour, dazed but still dogged, gathered a bouncing ball in our own twenty-five to start a three-quarter movement which swept right down the field, passing and repassing between forwards and backs to reach the Coventry goal line. There, alas, the Guy's man in possession passed by accident straight into the hands of the Coventry full-back when it looked certain he would score himself. Then it was no side. With a possible exception of the Aberavon match Guy's have not played as well as this all season and certainly Phelps' contribution to smoothness, pace and attack seemed to make a tremendous difference. Well done indeed!

Team: A. J. Armour; C. E. Evans, E. D. Keen, R. T. Hawley, J. Leyshon; G. W. Hackett, Phelps; J. S. Van den Berg, Henderson, M. A. H. Russell, R. W. May; D. M. Smith, J. M. Loxton; D. A. Lillicrap, S. A. R. Cooke (Captain), A. Buirski.

Guy's *v.* London University

Wednesday, 30th November at Motspur Park
Lost 6—0

London University beat Guy's at Motspur Park in a game as cheerless as the conditions in which it was played. The fog which graced the occasion allowed visibility within 50 yards at the start, but it soon got worse, so that the onlooker's impressions of the game could only be based on the occasional encroachments of play into his field of vision.

Early impressions, however, were that the University, as ever, were a fit and mobile side, and would need some holding. The play of the Guy's team, in contrast, was sluggish and uninspired. It was no surprise when, following a break on the right, a University player crossed near the corner; fortunately for the Hospital, however, he was adjudged to have hit the corner flag down first.

A few minutes later a Guy's defender tripped an opponent and presented the University with an easy penalty kick, which they duly converted.

The second half was a replica of the first, with the play of both sides deteriorating with the conditions.

It is to the University's credit that they still contrived to play open football, however. Following a break in midfield their left wing was given a good pass and scored in a corner. The kick failed.

The Guy's backs tried some movements and occasionally looked dangerous. For the most part, though, they wasted their efforts by running across the field and dying with the ball. These faults of the midfield players precluded the wings from taking an active part in the game.

In the line-outs the good work of Cooke was nullified by a complete lack of support. The University, on the other hand had several tall men who excelled in this department.

Tackling is another aspect of play which the Hospital must improve on, although the back row can be excepted from this criticism. The practice of grasping opponents around the neck is as irritating to watch as it is useless in effect and must stop.

Team: A. J. Armour; T. Jenkins, R. T. Hawley, E. D. Keen, J. Leyshon; G. W. Hackett, L. Phelps; J. S. Van den Berg, M. A. H. Russell, R. Henderson, D. M. Smith, T. English, A. Buirski, S. A. R. Cooke (Captain), D. A. Lillicrap.

ASSOCIATION FOOTBALL

Inter-Hospitals' Cup

Guy's meet St. George's in the second round at Honor Oak Park on Wednesday, 14th December, 1955. Kick-off 2.30 p.m.

Guy's *v.* St. George's

At H.O.P. 3rd December, 1955
Won 4—0

In this rehearsal for the second round cup match, Guy's were easy winners, although the margin of their win was slightly flattering. The Guy's forwards gave one of their best displays this season, but the defence was less dominating than usual. Heath, who has returned to the side after having recovered from an ankle injury, has added much needed punch to the right wing, and the forward line looks balanced as a result.

St. George's did most of the attacking in the first half. Their wingers created several chances for the inside men to score but they lacked shooting power and it was Guy's who took the lead near the end of the first half, when Maggs scored after a scramble in the George's goalmouth.

In the second half Guy's played some really good football, and several forward moves often involving the whole line with accurate and varied passing were a delight to watch. Further Guy's goals were scored by Heath, Humphreys and Watmore. The first and last were the result of movements initiated by Forman, who proved an able deputy for Cornhill.

Team: Lewis; Missen, Smith; Cornford, Sutton, Rowland; Heath, Forman, Watmore, Maggs (Captain), Humphreys.

HOCKEY

Guy's *v.* Pembroke College (Oxon.)

Away. Wednesday, 23rd November
Won 6—0

Guy's *v.* Merton

Away. Saturday, 26th November
Draw 2—2

Guy's had a full strength side for this match; a game which never looked like ending in a draw.

In the first half the Merton forwards penetrated the Hospital defence on half a dozen occasions, but through poor finishing only scored once before half-time. On one such memorable break through, the ball was rolling relentlessly towards the goal, when Elsdon-Dew flung himself full length just diverting the ball over the back line; this was a brilliant piece of covering which showed up our general weakness.

Meanwhile our forwards were not penetrating to any degree, lacking cohesion and drive, the only thrust coming from Morgan and Podd.

Soon after half-time, Millar scored for Guy's from a long corner, and the Hospital began to be more constructive. Added impetus was gathered when Podd gave Guy's the lead, converting a hard centre from Paul, following which steady pressure was maintained.

It was most disappointing therefore, when, following a melée in front of the Guy's goal, in which feet were very prominent, Laney was hustled into just putting the ball over the goal line.

Guy's really livened up now, but a liberal interpretation of the rules seemed to be applied and Merton managed to hold on until the final whistle went, five minutes early due to an Umpire's error!

Team: N. Clarke; D. R. Laney, H. M. Tuddenham; M. J. Woodman, W. R. Knapman, R. W. Elsdon-Dew; R. Podd, N. R. Cooke, M. N. Morgan, J. I. Millar, R. R. Paul.

Guy's 2nd XI *v.* Merton 2nd XI

At H.O.P. Won 2—1

Guy's 3rd XI *v.* Merton 3rd XI

Away. Won 9—2

Guy's *v.* Crostyx

Away. Saturday, 3rd December
Won 7—3

For almost the first time this season, the Hospital side demonstrated its capability of dominating a game by constructive, open hockey, thus gaining a most convincing victory. The game was also notable for a positional change in the forward line, which was largely responsible for the satisfactory result. Elsdon-Dew has been the regular Hospital left half for the past three seasons, but his desire for action in the attack, prompted his advancement to inside left. With great dash and energy he proceeded to score a hat trick—the first two of these goals starting the Guy's account—and added much needed thrust among the forwards.

Guy's attacked from the beginning on a heavy, wet and uneven pitch. Crostyx, however, were not rattled yet, and indeed scored two opportunist goals, but Guy's kept up the pressure and the two goals by Elsdon-Dew were followed by one each from Steyn and Podd, giving us a 4—2 lead by half-time.

Having changed ends, the Hospital really controlled the game and Podd, Morgan and Woodman formed a formidable trio on the right hand side.

Laney's first time hitting proved remarkably effective and demoralizing to our opponents, while the whole side was stopping and hitting extremely well and quickly.

Further goals were added by Pickering and Morgan before Crostyx suddenly broke through to add their third goal. Finally Elsdon-Dew scored his third and thus Guy's achieved a well earned triumph.

Team: N. Clarke; D. R. Laney, H. M. Tuddenham; M. J. Woodman, W. R. Knapman, J. G. Miller; R. Podd, M. N. Morgan, M. Steyn, R. Elsdon-Dew, D. Pickering.

Guy's 2nd XI *v.* Crostyx 2nd XI

At H.O.P. Won 4—0

Guy's 3rd XI *v.* Bromley 5th XI

Away. Draw 2—2

LADIES' HOCKEY

2nd Round Hospitals' Cup

Guy's *v.* Royal Free

At H.O.P. 23rd November

Won 5—1

For the first time this season Guy's were able to field their strongest team and defeated a fast Royal Free team by better co-ordination. The Guy's defence carried off the main honours of the day closely followed by the forwards who quickly seized their chances.

Play tended to be scrappy with inaccurate final passes to the opposing defence or interceptions by them which were inclined to be followed by a weak clearance. Fortunately for Guy's the Royal Free were the worst culprits and Guy's scored the first goal after a goal mouth scramble. Two more goals were added to give Guy's a 3—0 lead at half-time.

In the second half two more goals were added by Guy's. Several times in this half Langrish saved brilliantly and reduced the Royal Free score to a single goal. Scorers; Allin 3, Greenwood and Lachlan.

Team: B. M. Langrish; S. M. Hutchinson, A. Hanegraaff; P. J. E. Cave, W. M. Maher, I. C. Platt; M. E. Maynard, A. Chapman, H. Allin, S. Greenwood, H. Lachlan.

Guy's *v.* National Provincial Bank

Away. 26th November

Won 4—0

Guy's *v.* Reading University 2nd XI

At Reading. 30th November

Lost 3—2

2nd Round University Cup

Guy's *v.* Royal Holloway College

Away. 3rd December

Draw 3—3 after extra time

Royal Holloway awarded the match on short corners: 4—1.

Guy's must be congratulated upon their excellent performance in drawing with Royal Holloway and it was most disappointing that they had to concede the match on short corners.

The match began very late owing to the unavoidable late arrival of the Guy's team and was shortened to 25 minutes each way with 5 minutes extra time each way. From the bully-off Guy's attacked hard for several minutes without being able to score. After this initial onslaught play was quite even until Guy's scored through a mistake by the goalkeeper. In attempting to clear a centre the ball rolled into the goal from her pads. Good hockey ensued and after 20 minutes Royal Holloway scored when the Guy's defence failed to tackle the advancing forwards. Half-time came with the score at 1—1.

The second half was a hard struggle with neither side gaining the ascendency for more than a few minutes. During one of the attacks on the Guy's goal Royal Holloway scored from a short corner. Guy's continued to play well and equalized by following up on a shot which rebounded off the goalkeeper's pads. From this point the match became a fierce contest in an attempt by both teams to score a deciding goal but the final whistle blew with the match undecided. Both teams discovered astonishing energy during extra time and each side was rewarded with a goal which brought about a final score of 3—3.

Scorer: Allin 2.

HOSPITAL INFORMATION

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

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NURSING NEWS

Entered: S/N W. Callis
S/N D. Smith

Left: S/N B. Salmon
S/M A. Beves (née Burchman)
S/N H. Gair
S/N M. McKinley
S/N S. Copeland

APPOINTMENTS VACANT

Applications are invited for the appointment of Registrar (Middle Grade) to the **Radiotherapy Department** (whole-time). D.M.R. preferred but not essential. Duties to commence as soon as possible. Forms of application are obtainable from the Superintendent, Guy's Hospital, and should be forwarded not later than the **22nd December, 1955.**

GUY'S-MAUDSLEY NEUROSURGICAL UNIT

Applications are invited for the resident post of ***Senior House Officer*** *for six months commencing* 1st January, 1956. The unit, which is housed in the Maudsley Hospital, serves both Guy's Hospital, and the Bethlem Royal Hospital and the Maudsley Hospital. Applications should be made within seven days of the appearance of this advertisement to **K. J. Johnson, House Governor and Secretary, Maudsley Hospital, Denmark Hill, S.E.5.**

GUY'S HOSPITAL

Applications are invited for the post of **Dental Surgery Assistant** (female) for the period 2nd January, 1956 to 30th September, 1956, renewable. Terms and conditions of service are those laid down by the Ministry of Health. Further particulars and application forms, which should be returned **immediately**, may be obtained from the Superintendent, Guy's Hospital, London Bridge, S.E.1.

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P. Haden

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Special Anatomy and Physiology

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G. B. Middle
R. D. Sandfield
*C. P. K. Watson

* Have completed the examination

FINAL STATE EXAMINATION
OCTOBER, 1955

The following Nurses have passed:—

Alexander, Pamela Frances
Avery, Frances Jennifer
Bailey, Janet
Bates, Doris Irene Patricia
Bell, Macyl Doreen
Bell Nicoll, Margaret Alison
Blackden, Shirley Elizabeth Jane
Blackhall, Elizabeth Brye
Bluff, Margaret Helena
Brown, Pamela Mary Macleish
Butt, Rosina May
Chew, Doreen Florence
Colton, Robin Anne
Cooper, Della Florence Ethel
Cozens, Dawn Margaret
Crawford, Joan Mary
D'Arcy, Adelyse Marie Magdalen
De La Haye, Shirley Joyce
Dodman, Angela
Dovaston, Patricia Margaret
Fairloth, Ann Shireen
Farley, Patricia Mary
Foster, Patricia
Fuller, Jeannette Lotty
Gale, Patricia Anne
Gardner, June
Gill, Margaret Elizabeth
Green, Josie Phyllis Elizabeth
Green, Shirley
Greenhalgh, Susan
Hall, Mavis Olive
Hamlet, Hilda Elizabeth
Harbison, Margaret Matilda Morag
Hendry, Eileen Dorothy
Holroyd, Joan Audrey
Howard-Allen, Elizabeth
Hudson, Nancy
Kingston, Marjorie Joyce
Lees, Dorothy
Liddy, Anne Leonora
Lipscombe, Janet Frances
Lucas, Gwendoline Rita
Lunn, Barbara Edith
Mackintosh, Margaret Celia
Maclagan, Margaret Baxter
Maguire, Rita
Margetson, Gwendolyn Louise
Marshall, Heather Elizabeth
Milbourn, Jean Margaret
Mortimer, Diana Mary
O'Hanlon, Kathleen Anne
O'Riordan, Ann Patricia
Osborne, Janis Elizabeth
Pendred, Bridget Eve
Pepper, Rita
Popert, Jean Lucy
Power, Maureen Jacqueline
Putt, Margaret Ann
Ramble, Marion Ethel
Reynolds, Marjorie Evelyn Jeanne
Riddiford, Betty
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Rowland, Mary Irene
Rush, Patricia Anne
Sellin, Margaret Constance
Shirley, Wendy Margaret
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Stevenson, Esther Mary
Sunderland, Isobel Dorothy
Swinburne, Maureen Davies
Tarran, Ann Elizabeth
Utting, Shirley Edis
Williams, Jean Helen
Wise, Claire Felicia Mervyne
Wyncoll, Gillian Eva

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

Ackner, Brian and others. Training the Psychiatric Nurse on the Ward. *Lancet*, 1955, ii, 606.

Amos, D. B., Gorer, P. A. and Mikulska, Z. B. An Analysis of an Antigenic System in the Mouse (the H-2 System). *Proc. roy. Soc. B.*, 1955, **144**, 369.

Bowen-Davies, A. The Disability of Chronic Ear Disease in Relation to Insurance and Employment. *Proc. R. Soc. Med.*, 1955, **48**, 968.

Bunyan, John. Methods of Microscopical Observation of Unstained and Vital Tissues. *Proc. R. Soc. Med.*, 1955, **48**, 983.

Clark, Ruscoe and another. The Influence of Blood Loss and Blood Transfusion upon Changes in the Metabolism of Water, Electrolytes and Nitrogen following Civilian Trauma. *Clin. Sci.*, 1955, **14**, 575.

Clarkson, Patrick. Late Results of Kostecka's Operation for Prognathism. *Proc. R. Soc. Med.*, 1955, **48**, 984.

Cohen, Sol M. Diabetic Gangrene. *Trans. med. Soc. Lond.*, 1955, **71**, 90.

Cross, W. G. Oral and Buccal Pemphigus, or Pemphigoid. *Proc. R. Soc. Med.*, 1955, **48**, 985.

Fourman, Paul and another. Hereditary Deafness in Family with Ear-Pits (Fistula Auris Congenita). *Brit. med. J.*, 1955, i, 1354.

Hance, Lieut-General Sir Bennett. Bringing up European Children in S.E. Asia. *Practitioner*, 1955, **175**, 714.

Mac Keith, Ronald. Respiratory Disorders in Infants and Young Children. *Practitioner*, 1955, **175**, 692.

CHANGES OF ADDRESS

I. M. Briggs, B.D.S., "Warnham", Cullesden Road, Kenley, Surrey.

J. Bullen, M.B., B.S., Nashville House, Brill, Bucks. (Tel. Brill 284).

D. H. Forsdick, M.B., B.S., 13 City Road, Winchester. Residence: Dean Cottage, Downside Road, Weeke, Winchester, Hants. (Tel.: 3599).

E. W. Melia, M.B., B.S., 55 Acton Gate, Wrexham, Denbighshire. (Tel.: 4423).

K. F. Robinson, M.B., B.Ch., Applegarth, Repton, Derby.

BIRTHS

CRINE.—On 30th November, 1955, at Weston-super-Mare, to Ruby (née Rew, S.R.N.), wife of Geoffrey Crine, L.D.S.R.C.S., a son.

FINE.—On 2nd November, 1955, at St. John's Hospital, Chelmsford, to Joan (née Hadfield), wife of Jack Fine, M.R.C.S., D.Obst., R.C.O.G twin daughters (Susan Melanie and Sally Nicola).

KAPFF.—On 17th November, 1955, to Margaret, wife of Peter Kapff, M.B., B.S., a son (Peter David), a brother for Richard.

LEWIS.—On 4th December, 1955, at Redhill, to Rosemary (née Batten) and Edward C. Lewis, a son, David Charles (a brother for John Claude).

MARTIN.—On 19th November, 1955, to Rosemary, wife of Geoffrey Martin, M.B., B.S., 9 King Street, Chester, a son.

MELIA.—On 7th July, 1955, at Trevalyn Manor, Wrexham, to Jacqueline, wife of E. W. Melia, M.B., B.S., a son Terence John Patrick, a brother for Brian.

PITT.—On 26th September, 1955, at the Princess Elizabeth Hospital, Nairobi, to Elizabeth, wife of C. Sydney Pitt, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H., L.D.S., a son (Charles Bernard), a brother for Louise.

THORNTON.—On 18th November, 1955, at Southmead Hospital, Bristol, to Helen (née Hodson), wife of Robert L. G. Thornton, L.D.S.R.C.S., a sister for James.

MARRIAGE

SOUTHCOMBE—SWIFT.—On 3rd December, 1955, at Southwark Town Hall, John Southcombe to Winifred Swift.

DEATHS

EVANS.—On 23rd November, 1955, at 12 Campden Hill Court, Kensington, Thomas James Evans, M.A., late Dean of the Medical School, in his 81st year.

KNIGHT.—On 2nd December, 1955, Herbert Stanley Knight, *M.B.E.*, M.B., B.S., of The Grange, Tressillian Road, Brockley, S.E.4.

VIDOT.—On 5th November, 1955, at Sea, Samuel Vidot, *M.C.*, M.R.C.S., L.R.C.P.

Eds. { P.S.B.
T.W.H.

GUY'S HOSPITAL GAZETTE

A JOURNAL OF MEDICINE, SURGERY, DENTISTRY AND HOSPITAL NEWS

PUBLISHED FORTNIGHTLY

Vol. LXIX No. 1759 24th December 1955 One Shilling

PASSIM

A Merry Ghistmas and a Happy New Year to all our readers

AS this *Gazette* leaves the printer's hands it will pass into that swirling tide of mail which is the annual penance of the Post Office. Most of the 5,000 copies that come out this fortnight will go to nestle beside millions of letters and cards bearing those yearly goodwill wishes that link friends despite the separations imposed by distance.

Since our readers are members of the Guy's family, we thought that they would like to know that Christmas at the Hospital is going to be spent in that traditional way that they know so well. In every ward, the Christmas trees are already up and their coloured lights are competing for attention with the flashing lights on the walls. The dressers' teas are organized and several hundred Borough appetites are in strict training for the Landon Tea.

Guy's men will be glad to hear that this year the successors to the "Niggers" are rehearsing feverishly in a dungeon-like cellar below Tabard House. Their performances, enlivened by the odd dram of the seasonal spirit, are already assured successes. Socially, the season is rising to a crescendo. Cocktail parties in the X-ray and Physiotherapy Departments and Nuffield House have set the style and as we write this on a clear Sunday afternoon the Clubs' Union Ball and the Residents' Dance are joys yet to come.

All these are, in a way, mere *aperitifs* for the stronger fare of Christmas Day and when the Carol Procession has passed and presents have been opened, patients and staff can look forward to the real climax of the season, the Christmas Dinner. Mr. Kingston, the Catering Officer, tells us that this will consist of:—

Tomato Soup

Roast Turkey
Chestnut Stuffing
Giblet Gravy
Baby Brussels Sprouts
Roast Potatoes

Christmas Pudding and Brandy Sauce
Mince Pies

Fresh Fruit

If anyone requires assurances that appetites will be satisfied, they may perhaps be reassured by the 1,750 lbs. of turkey, the 150 Christmas cakes and 200 Christmas puddings (weighing altogether 1,500 lbs.) which are already in Mr. Guy's larder.

This is the last issue of the *Gazette* for 1955, but this is no time for taking stock of the years past and to come. That can wait for the sterner days that follow Hogmanay. In our next issue we hope to publish accounts of Christmastide in the Hospital with some photographs.

To all our readers then, our thanks for their encouragement; to our staff, printers and advertisers, our thanks for their loyal support and help and to all we proffer our sincere wishes for a Christmas and New Year to exceed even the happiest of expectations.

It is with the deepest regret that we record the death of Mr. J. H. E. Winston, Appointments Officer and, for many years, Secretary of the Medical School. His kindly personality and omniscient knowledge of the many hundreds of Guy's men who have been through the School during his career had made him an invaluable friend and helper to everyone connected with the Hospital. We know that many Guy's men will feel his loss in a most personal way. A Memorial Service will be held at the Chapel on the 6th January, at 1.45 p.m., and an obituary will be published in the columns of the *Gazette* in the next issue. We know that all readers of the *Gazette* will wish to join us in our expression of our deepest sympathy to Mrs. Winston, herself so so well known in the Medical School, and their son.

With considerable pleasure, we note the postponement of the ban on heroin. This has shown that the opinion of responsible medical authorities is occasionally given a sympathetic ear by the Government.

The problem of heroin addiction in Britain is relatively trivial. The problem in America where the ban is in force is vast. We cannot see that the imposition of such a rule in this country could have had hopes of doing any good towards the welfare of the United States.

We congratulate Mr. S. J. S. Lam, who is prominent in Hospital squash and cricket circles, on winning the Welsh Championships played at Cardiff in November. This is we think the first major amateur squash championship to be won by a Guy's man for some time—the incomparable Dr. Hildick-Smith always excepted.

The Physiotherapy Ball was held at the Royal Empire Society Rooms recently and was its usual success.

NOTICES

DEPARTMENT OF SURGERY

The Surgical Exhibition until 14th January, will be on *THE SUPRARENALS.*

MOTORING CLUB

All past and present members of the Hospital and their friends will be welcome on a Photo-Clue Rally, starting from Guy's at 3 p.m., on Saturday, 21st January. There will be more information in the next issue of the *Gazette.*

GUY'S DIARY

DECEMBER			Exhibition. Department of Surgery, *The Suprarenals.*
27th	T		Rugby 1st XV *v.* Northampton (Northampton).
30th	F	1.00	Dr. K. S. MacLean. Clinical Lecture. *Cortisone—The end of the Beginning.*
31st	S		Rugby 1st XV *v.* Old Merchant Taylors (H.O.P.).
1956 JANUARY			Exhibition. Department of Surgery.
3rd	T	1.00	Mr. H. J. B. Atkins. Clinical Lecture. *Some Injuries on the Rugger Field.*
5th	Th	1.00	Mr. F. N. Glover. Clinical Lecture.
		5.00	X-ray Meeting. Gordon Museum.
6th	F	1.00	Dr. Ralph Kauntze. Clinical Lecture.
7th	S		Rugby 1st XV *v.* Richmond (H.O.P.).
9th	M	1.00	Dr. E. B. G. Reeve. Clinical Lecture.

Sixty Years Ago

From Guy's Hospital Gazette, 21st December, 1895.

Having first got (and kept) your ward, then decorate it. Christmas decorations make good copy for the *Gazette*. All hospital men have pleasant recollections about them, and the cheap cynic is warned by most to keep off the green-stuff. Yes; they have pleasant recollections; there was a nurse once—but that is another story! If you are by profession a surgical ward clerk, it is during decoration time that you first find yourself a person of some importance. If you are tall, and can reach the top corners, some ladies in the ward will know you quite well who formerly had ignored your very existence. On the other hand, if your trade be that of house-physician, or of house-surgeon, you find the decorations make an excellent subject for conversation when going round; and you discover in them an outlet for the money which has accumulated during a period of Free Board. For the rest, it is so pleasant to see the pride the Sisters take in each other's wards. This latter enthusiasm, it is true, raises for the *Gazette* a little difficulty. In describing the decorations in our next issue we shall, as ever, find a difficulty in choosing exactly the right words, because each Sister is so much hurt if we don't do justice to her sister Sisters. You know what we mean.

THE PHANTOM HEAD

O Phantom-head! O sightless clot!
A block of wood which so-called men
Let dominate their lives,
(Heaven help their wives).
O senseless, gaping jaw,
Is there no power no law
Can break thy cursed sway
For ever and a day?

Thou hast them for so short a time
Within thy den,
How is it then
That nothing can avail? They mime,
And round their lips
A half reluctant smile,
A mirror of thy curse,
Becomes them worse
Since they profess or touch a wisdom great,
'Tis so impacted in cold steely fate
That only when a fever grips their clammy hand
Dare they to probe again thy lawless land.

M.E.R.

THE CONCEPT OF PSYCHOPATHIC PERSONALITY—II

A Clinical Lecture given at Guy's Hospital on 2nd May, 1955.

By D. STAFFORD-CLARK, M.D., M.R.C.P., D.P.M.

THE RESULTS OF THE INVESTIGATION

THE statistical basis upon which these results were evaluated was that of the capacity of the clinical approach to predict accurately whether or not a particular subject would be found to be a member of the psychopathic group or of the control group. This was secured by drawing up a series of contingency tables for each of the headings under which clinical inquiry and examination was made.

For example, under the heading of 'Response to Punishment' four possible categories were provided. The response of a particular subject placed him in one, and one only, of these four categories.

Every such heading provided therefore a basis for division of the whole group of 165 subjects between the various categories. In estimating the response of each individual to this inquiry, attention was directed not simply to the immediate punishment which he was undergoing, which might well be just but which even the most normal prisoner reserves the right to resent, but to his life-long attitude to correction and punishment of whatever kind and from whatever quarter, from childhood onwards. This was sought in the course of the life history and the underlying attitude estimated as conservatively as possible. In this way the subject had to show a consistent refusal to accept the possibility that his conduct might have deserved punishment at any time, for him to be placed in a category for which the rejection of punishment formed the criterion.

The four categories used in this instance were:

A. Punishment accepted and alteration of conduct displayed.

B. Punishment apparently accepted but no alteration of conduct.

C. Punishment resented but an attempt made to avoid trouble.

D. Punishment resented with the response of rebellion and a determination to get even with society.

In practice the majority of the psychopaths fell under groups *B*, *C*, and *D*, whereas the majority of the controls came under *A*. The actual division thus achieved was compared with the theoretical division which would have been achieved if all psychopaths had fallen into the last three categories and all controls into the first; if in fact this particular criterion had proved to be an absolute one. The efficiency with which the prediction of whether a particular subject would be assessed clinically as a psychopath by comparison with this absolute standard was then calculated, and its significance compared with the division which could be expected between the two groups by chance alone. In the example given above, if falling into group *A* was made a criterion for a control, and into groups *B*, *C* or *D*, for a psychopath, 89.3% of the predictions made on this basis alone would have agreed with the original clinical assessment. This gave a significance at the 1 per cent. level of confidence and meant that with the size of the two groups as they were, their separation along the lines which actually took place could have occurred by chance alone less than one in a hundred times. The supposition from this was therefore that there existed a strong positive correlation between the psychopathic state and the tendency of the subject to display a particular attitude towards punishment. This was the nearest sociometric method we have yet been able to devise for providing an objective confirmation of a clinical impression. It was the method used throughout the clinical investigation.

Quoting only those correlations which give a significance at the 1 per cent. level the following factors appear as significant.

Heading of Inquiry	*Tendency Displayed by Psychopaths*	*Reliability as a Method of Predicting Division between Psychopaths and Controls on this Basis alone*	*Level of Significance*
			Per Cent.
Response to Punishment	Rejection or failure to respond	89.3	1
Response to appeals ..	Rejection or failure to respond	86.7	1
Goals	Goals undefined or abandoned	66.2	1
Plans	None made or none followed consistently..	68.9	1
Developmental attitudes	Rebellion and resentment leading to rupture with parents at adolescence	81.6	1
Early relationships with parents	Resentment and hostility towards father ..	68.2	1
School career	Expulsion, frequent changes or truancy ..	67.5	1
Adjustment in Society..	Recidivism and repeated convictions. (Average number of convictions of all psychopaths was 7.4 and of all controls 3.0)	76.8	1
Job record	Average period in job less than six months throughout total work period	72.2	1

These were simply some of the more definite tendencies which emerged. Of some interest was the apparent failure of some others which were expected to yield positive information, to prove efficient in differentiating the two groups. For example, broken homes alone did not appear in our series to be more significant in leading to psychopathic behaviour than to normal delinquency. Nor was there a clinical relationship between abnormal metabolic lability and the psychopathic state.

In view of the work of some American investigators into the association between abnormal findings in the central nervous system and psychopathy, special examination was made of the capacity for fine co-ordinated movement, for rapid and smoothly controlled alternative movements of pronation and supination in the forearms, for transient nystagmus, and for inequality of the tendon reflexes without other discoverable pathological basis. Here again the hypothesis was that such anomalies would occur significantly more often in the psychopaths than in the controls. The figures actually obtained gave the following percentage distribution:

Controls displayed neurological anomalies in 25 per cent. of the 61 examined, psychopaths without head injury or epilepsy in 52 per cent., psychopaths with head injury in 46 per cent., and those with epilepsy in 36 per cent.

While the occurence of these anomalies appeared to be significantly greater in the psychopaths as a group, it was again of interest that they occurred in the controls in virtually a quarter of the total number.

Results of Electrophysiological Study. These can be briefly summarized by saying that the incidence of abnormal E.E.G. in the controls was roughly 25 per cent., while in the psychopaths as a group it was over 50 per cent.

From the clinical history, various items were selected as providing indications of aggressiveness, neurosis, and emotional immaturity; correlations run between these clinical assessments and the results of E.E.G. studies were illuminating. For example 83 per cent. of the subjects displaying clinical evidence of severe aggressiveness have an abnormal E.E.G. record, by comparison with just under 50 per cent. of those without overt aggressiveness.

In contrast to this, neither enuresis nor amnesia appeared to be significantly related to abnormal E.E.G. Nor did the history of the family situation in childhood show any significant correlation with E.E.G. findings.

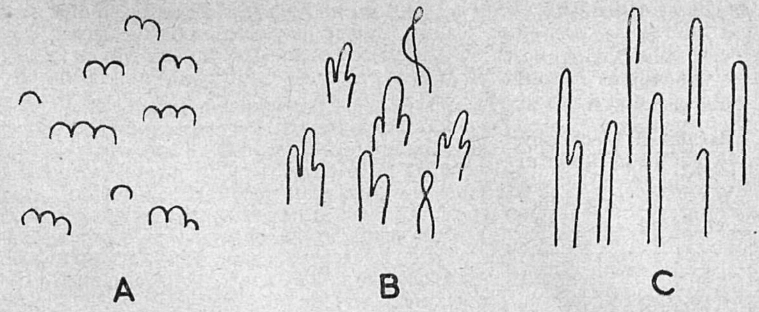
A table which I have compiled from various sources, showing the general incidence of abnormal E.E.G. in various selected sections of the population, will help to put these figures in perspective.

Category	*Abnormal E.E.G. Per Cent.*	
Highly selected flying personnel	5	(Williams)
R.A.M.C. Personnel	10	(Williams)
Mixed Controls	15	(Hill and Watterson)
Controls in Prison	25	(Stafford-Clark, Pond, Lovett Doust)
Mixed Psychoneurotics	26	(Williams)
Inadequate Psychopaths	32	(Hill and Watterson)
Aggressive Psychopaths	65	(Hill and Watterson)
Motiveless Murderers	73	(Stafford-Clark and Taylor)
Aggressive Psychopaths in Prison	83	(Stafford-Clark, Pond, Lovett Doust)

Results of Psychological and Constitutional Study. Of the total of 165 subjects examined, a random sample of 70, divided evenly between the controls and the two main psychopathic groups, were subjected to constitutional and psychological investigations. These consisted of capillary microscopy of the finger-nail fold, a test of intelligence, a study designed to assess emotional maturity and aggressiveness, and one concerned with the subject's neurotic tendencies.

The psychological studies made for assessment of intelligence, emotional maturity, aggressiveness, and tendencies to neuroticism, were by means of batteries of objective psychometric tests standardized previously on large numbers of controls and patients from the Maudsley Hospital. The capillary microscopy of the finger-nail fold was carried out on the fourth finger on the left hand in every case, this being the nail fold least subject to trauma and therefore most representative of the natural state of the capillaries. In brief the criteria used were based upon recognition that three main types of capillary loop are to be seen under these conditions. The most immature, that normally seen in infants and young children, consists of small hoops as in A; twisted loops as in B, are seen in older children and adults and appear to be associated with emotional disturbances and neurotic patterns of behaviour. Similarly long branch loops also grouped under B appeared to be maturing, but not yet fully mature, forms of A. The fully mature form of capillary loop is shown in C. Generally speaking normal children's nail folds contain between 60 and 75 per cent. of A forms with some twists, and 25 per cent. of branch loops and C forms; whereas in normal adults the proportions are roughly reversed.

Briefly the results of these additional investigations revealed that the mean intelligence level of all three groups was the same but the 'neuroticism' score of both psychopathic groups was higher than that of the controls. 'Aggression' was significantly more highly represented among the psychopaths than among the controls, the mean scores of both former groups being roughly double that of the latter. Emotional maturity, in similar fashion, was significantly less among the psychopaths than among the controls, the mean score of the latter group in fact approximating to the score found in a large non-delinquent healthy population. Constitutional



immaturity, as revealed by the technique of capillary microscopy, suggested developmental anomalies and dysplasias at the morphological level in 44 per cent. of the total number of delinquents examined, 81 per cent. of these belonging to one or other of the two psychopathic groups and only the remaining 19 per cent. to the controls. Capillaroscopy showed itself to be a useful ancillary diagnostic procedure, 66 per cent. of the subjects sampled being classified in agreement with clinical examination, by this means alone.

Of the vast number of factors selected for study in the enquiry a certain number did appear to have a significant and reliable relationship to psychopathy as diagnosed originally. This original diagnosis was not made casually or superficially, but rested upon a survey of the individual at a particular point in his life in prison and was therefore a cross-section rather than a longitudinal view of the person as a whole. This is of course the basis upon which the diagnosis is commonly made in practice. The value of the detailed clinical investigation would seem to be that, taking this diagnosis as a starting point, a series of observations could be made on the individuals concerned which proved to have a consistently closer correlation with this diagnosis than could be expected to occur by chance alone more than once in a hundred times. It would seem therefore that a clinical profile can be constructed of the psychopath which is consistent for members of a certain group and which would justify members of this group being regarded as psychopaths when the definition of this term is made conditional upon a majority of the factors studied being present.

If this is so, the next step must be to inquire what correlation exists between the members of a group defined by these clinical methods and those who show abnormalities when studied electrophysiologically, constitutionally and psychologically.

The correlations adduced between these variables suggest that a failure to mature is the fundamental abnormality in the subjects selected as psychopaths in the investigation. This failure is equally evident in each of the three main fields of enquiry; it differs in no essential from that ascribed to psychopaths in general. This in turn suggests that, for the psychopath, criminal behaviour in its purely legal sense is almost irrelevant. Certainly criminality *per se* seems to add little to our knowledge of this particular form of character disorder, one of whose most striking general features is an inability to accept authority in any form. That this inability derives in turn from a defect in the development of the personality often associated with a bad or inadequate relationship with the father has been repeatedly stressed when the general psychopathology of the condition is under discussion. While the developmental defect tends to diminish with age, it remains none the less true that neither in its effect, nor in its subjective experience, does time seem to mean the same to the psychopath as to the rest of his fellow men.

The sum of these approaches appears then to add up to something like this: the psychopath studied in prison is a clinical entity distinct from other prisoners, whose characteristics can be defined by focusing upon his study the three main methods of approach just outlined. When a greater series of social studies of his background and family history are available it will probably prove possible to describe more fully the multiplicity of factors which clearly contribute to the development of his condition.

Such men, particularly when they are of the more explosive and aggressive types of psychopath, may create misery and havoc within the normal prison in which they are confined, because their own violent and inevitable collision with prison discipline leads to reciprocal tensions and a natural hostility on the part of the overburdened prison officers, which in turn may react upon the morale of the prison population as a whole. One case out of the 165 studied will serve as the briefest of examples; there could be many more.

This was a man of twenty-four with eight previous convictions, whose present offence for which he was serving a sentence of five years' imprisonment was shooting at a policeman after a house-breaking attempt for which he was carrying a gun. This man's personal history included three admissions to mental hospitals for suicidal attempts. Of his relationship with his father he remarked, 'I don't speak to my father; he killed my mother . . .' By this he meant that his mother died as the result of a criminal abortion which his father insisted she should procure. His school and job record were characterized by frequent changes and his response both to punishment and to appeals was to become acutely tense and uneasy, and to try in his own words, 'to break out, to get away, to hide out.'

His one solace was painting. In the course of examination he repeated over and over again, 'I'd be all right if I had my paints . . . Why won't they let me use my paints . . . If I can't do that I'll have to do something else,' An example of 'something else' which he felt compelled frequently to 'do' and which I confirmed with the prison officers in subsequent discussion, was to leap into the water tank while being allowed to take his exercise within the prison grounds. This simply added to his own discomfort and everybody else's trouble and it led on more than one occasion to a violent struggle when his rescue and the removal of his wet clothes was attempted. His destructive, impulsive, and wholly unprofitable outbursts were phenomena which, when comparatively calm, he could discuss with considerable insight. He knew he upset not only himself but everybody else and he knew that because of his behaviour it was sometimes difficult for the other prisoners to feel safe with him or for the prison officers to allow to the whole group a degree of latitude to which they might otherwise have attained.

The repercussions of this man's behaviour and attitude were in fact disastrous for himself and for everybody else. He was a classical example of the impulsive, aggressive, explosive psychopath whose clinical rating, E.E.G. findings, and morphological state were all characteristic. If he could have been studied and treated in a special institution within the penal framework, of the kind repeatedly suggested but not yet achieved in this country, everyone would have been relieved and he might have benefited.

Conclusions. We believed that the results of the investigation on which we based our paper actually provided evidence:

1. That the psychopath in prison can be distinguished by a combination of studies such as we have undertaken.
2. That the size of the problem uncovered in this way will support the proposal for further research in a special institution.
3. That until such research can be undertaken, the problem of treatment and management of these patients is likely to continue to be far more costly and far more difficult than is at present generally understood.

In effect these conclusions probably apply to psychopaths in general; and the methods of study outlined can be used in fact to distinguish psychopaths from other patients presenting themselves to the general practitioner or the psychiatrist. These people are impulsive, feckless, unwilling to accept the results of experience and unable to profit by them, sometimes prodigal of effort but utterly lacking in persistence, plausible but insincere, demanding but indifferent to appeals, dependable only in their constant unreliability, faithful only to infidelity, ruthless, unstable, rebellious, and unhappy. A survey of their lives will reveal an endless succession of jobs few of which have been held for more than six months, many of which have been abandoned after a few days; very little love but often a great number of adventures, very little happiness despite a ruthless and determined pursuit of immediate gratification. Such patients are all too often their worst enemies and nobody's real friend.

Despite the somewhat gloomy and discouraging picture created by this description it must be said that there exists a strong tendency for the more violent, more vulnerable psychopathic traits to improve with the passage of time; and this is matched by a similar trend towards stabilization and the emergence of a more normal pattern in the E.E.G., and in a configuration of the nail bed capillaries. That this tendency can sometimes be reinforced by individual psychological treatment is also true, in my experience, and in the experience of others who have worked with these difficult and exacting patients. Such work is peculiarly liable to involve the doctor in disappointment and frustration, because often the psychopath will attempt to exploit the medical relationship in exactly the same way that he has attempted to exploit all other relationships throughout his life. But this is no reason for refusing to try to help psychopaths, particularly since in their variety, pathos, and sporadically savage and violent lovelessness, these patients, for patients they really are, constitute one of the most formidable challenges, not simply to medicine, but to mankind.

PERSONALITIES OF GUY'S: Mr. L. A. DUNN

The late Mr. L. A. Dunn was a very popular member of Guy's staff in my time. He was a full surgeon, and though by no means spectacular, he was very sound and thorough, and a very popular man to work for. He treated his firms well, and was a good teacher, and gave one opportunities of doing active surgery whenever he could.

In addition he gave the most excellent firm dinner parties, with food and wines of the best, and billiards and bridge after: first rate bachelor parties!

He might refer to you by name, but as often as not it was "you boy", or "you dear thing". To us he was always just "John". He told us one day that his first experience as an extern was that he rushed down to a case and when he got there he knew it was a B.B.A. because he met the cat on the stairs with the placenta in its mouth!

I went up to *Bright* Ward with him once to help him with an operation for piles. All he gave me to do was to hold the patient's scrotum out of the way. I got a bit restive after a little, and tried to be a little more active, only to call down on myself this snub:— "Don't you be so busy, you dear thing. Just you keep his wretched scrotum out of the way." However, when we had finished, and were going down stairs after the operation he handed me a guinea, as "your share of the spoils."

On one occasion, he told us, he was called out by a G.P. to a woman with a dislocated hip. After a great deal of trouble they succeeded in reducing the dislocation, and the G.P. went to see the relations and collect John's fee. He came back a few moments later looking rather shocked, and said that they thought it was too much, and refused to pay. "All right", said John, "you tell them if they won't pay I'll put her hip out again!!" The fee was forthcoming without any more argument.

John used to examine for the Conjoint Surgery, and in the vivas when Guy's men came up he did not examine them actually, but used to stand by as an assessor. As long as you answered correctly John nodded his head slowly up and down, rather like a Chinese mandarin is supposed to do. As long as he nodded you knew you were all right. If he stopped you knew you had made a mistake. I was up for surgical short cases. The examiner was Bilton Pollard and John stood by and did his head nodding act. After some other cases I was shown a young man with a stiff joint, knee or elbow, I forget which. I gave a number of possible diagnoses, and when Pollard asked me if I could suggest anything else I said that the limb might have been put up in plaster or a splint and left too long, and neglected, and allowed to get stiff thus. John Dunn turned right round facing Bilton Pollard, and his slow head-nodding became a violent gesture, which clearly indicated that the case was one of Pollard's own, and that I was virtually accusing him of mistreatment. If he had pointed a finger at him it could hardly have been clearer.

In fact I felt somewhat embarrassed, but all was well, and I got through, and I can imagine the two of them enjoying the joke themselves, and John saying "I told you so" or words to that effect.

These are just a few memories of a very popular character. I hope some of my contemporaries may be able to add to them.

G.D.

GUY'S DINNER—DURBAN

Dr. John Leeming sends us the following account:—

On the occasion of Mr. Hedley Atkin's visit to Durban recently a representative dinner of Guy's men in the area was held at the Durban Club with Mr. Atkins as the guest of honour. In spite of rather short notice there was an excellent response and twenty sat down to dinner, including seven who had driven from Pietermaritzburg or beyond for the occasion.

After suitable liquid and solid sustenance—a criticism that the guinea-fowl *en casserole* was merely rabbit was strongly repudiated by the organizer—a loyal toast was drunk followed by a toast to Guy's coupled with our guest and proposed by Dr. Stewart, the senior Guy's man present. Mr. Atkins then gave a most interesting and informative account of recent and future developments at Guy's and news about familiar and well known figures of the Hospital. In particular he stressed how throughout his travels in the Union he had been quite amazed to find how Guy's men had stuck together and how pleased they all were to hear the latest news of developments at the Hospital, including of course the quest of the Holy Grail—viz., the Rugger Cup.

The dinner ended with a vote of thanks to Mr. Atkins and it was generally agreed to have been a most successful and enjoyable occasion. It is only hoped now that other members of the staff will follow the steps of Mr. Doherty, Sir John Conybeare, Mr. Eckhoff and now Mr. Atkins and come and visit us in South Africa. Their predecessors will be able to assure them that a warm welcome always awaits them.

The following were present at the dinner:—

A. C. Copley; H. C. Warner; F. Walt; P. Large; A. Large; J. A. L. Leeming; P. S. Githin; H. Wormald; P. E. Mars; J. D. Visser; D. Boyd; J. K. G. Grieves (Durban); R. R. MacKenzie; J. C. Colenbrander; D. M. Calder; P. Fletcher; J. Stewart (Pietermaritzburg); J. Rake (Howick); L. G. MacKenzie (Donneybrooke).

THE MAGIC FLUTE

The transfer of grand opera from the theatre to the concert hall is a difficult and even painful task, but on 7th December, the Music Club gave a concert version of Mozart's *The Magic Flute* that was gay, artistic and entirely satisfying. Bernard Keefe played the dual role of conductor and narrator, and with equal facility, led the singers and players through the score and his delighted audience through the intricacies of the plot.

After a spirited performance of the overture we met each of the characters in turn. Then was unfolded the tale of Tamino (Alfred Hallett) who was saved from a terrible dragon to go in search of Pamina (Denise Walker) and her love. We saw too, Papageno (Ernest Frank) spending the evening awaiting his Papagena (Mary Smith), and finally being saved from strangling himself in despair by her timely arrival; he was a splendid clown who needed no costume or make-up to become larger than life. Sarastro (Geoffrey Walls), a rich and mature bass, was leader of the "fine fellows", and he was well matched by the Queen of Night (Doreen Murray) who brought a fine soprano as well as much conviction to her efforts to wreck his plans. Monastatos (Philip Lewtas), and the two trios—of Ladies and of Geniuses, completed an excellent cast.

The chorus sang very well; they had clearly been thoroughly rehearsed and they became a pliable instrument in the hands of their conductor. The new scheme of grouping them in one corner instead of extending them in two rows at the back secured unity of attack and a better balance of tone. The orchestra contained a higher proportion than usual of Guy's people and they gave the impression of having played together a great deal. They handled Mozart's delightful score with ease and care, and they provided a sensitive accompaniment for the singers.

The Club are to be congratulated on an exceptionally fine performance, and those who were in the audience on this occasion will look forward keenly to their next venture and hope that it will be even better supported.

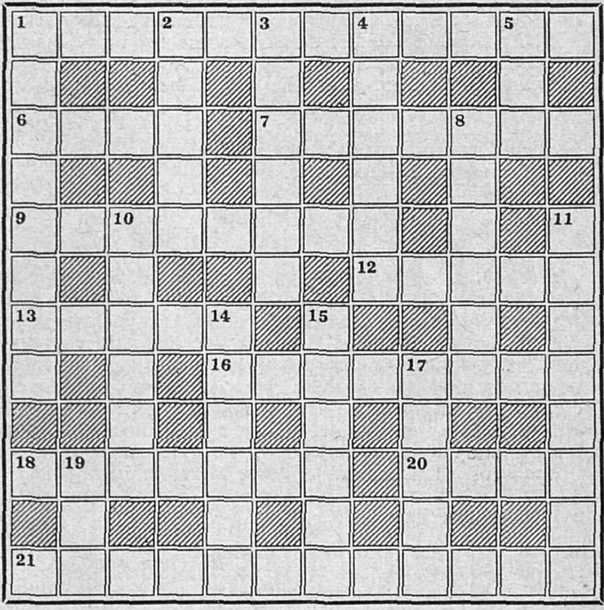
G.C.W.B.

PRIZE CHRISTMAS CROSSWORD

BY PYOGENES

ACROSS

1. Shun a leech or you will have the place full of corpses (7–5).
6. A pulmonary menace (4)
7. This should make their libidoes trustworthy (7)
9. It will be sharp by surrounding a river and I (8)
12. Has a Northern University really solved the problem of a bacteriocide? (5)
13. It may not be Poppy day when you buy this (5)
16. Is a bone sour? Just the reverse if your ions are upset (8)
18. The skin may be in many infectious diseases (7)
20. A symbolic form of this gives the patient his medicine (4)
21. Cases for broken bones (7, 5)



DOWN

1. For your notes you may keep it in this upside down (4, 4)
2. It usually takes a wise clinician to make this diagnosis (5)
3. The second book of emigrants (6)
4. Nurses frequently catch this (no need to prescribe Naristellae) (3, 3)
5. Although of little value it starts something to remember (3)
8. It is positively not dangerous to the fœtus (6)
10. Put a bandage under a bony prominence for an old-fashioned instrument (6)
11. In the surgeon is the champion of asepsis often associated with burns (8)
14. Applied to a digit it may be very painful (6)
15. Can colour up surgical support (6)
17. These openings appear in most iambic metres (5)
19. Midnight consumption leads to success (3)

Two prizes of One-Guinea Book Tokens will be awarded to the senders of the first two correct entries opened. All entries should be sent to Crossword Competition, *Guy's Hospital Gazette*, 6 St. Thomas' St., London, S.E.1. by first post on Friday, 6th January.

The Editor's decision is final. No entries may be sent in by members of the *Gazette* staff or Committee.

CORRESPONDENCE

Letters to the Editor of the Gazette

The Bruised Toe

From Professor R. E. Lane

SIR,—I was delighted to read *Passim* to-day and to find the Front Surgery 'clinicians' thinking of methods of preventing some of the conditions they are called upon to treat. Attention is rightly drawn to the value of safety boots to those handling goods which are likely to fall on the toes. You point out the need for more safety propaganda. Already large firms pay much attention to this through safety committees and safety officers. The smaller factories, however, have none of these advantages. Here the duty of accident prevention rests with the manager or owner who often knows little of these things. I suggest that we as doctors have a duty to teach these people. Would it not be feasible for the Hospital to draw attention to the fact that "an employee named X had his toe treated for an injury received in an accident which might have been prevented by the use of more suitable footwear"? A note of this sort coming from a hospital such as Guy's would carry great weight, particularly where the message related to a specific accident. Perhaps a society interested in accident prevention, such as ROSPA, would collaborate with the Hospital in an experiment of this sort by providing the necessary literature.

May I point out one inaccuracy in your otherwise excellent leader. A bruised or broken toe would probably be regarded as a minor accident. It would, however, like any other accident causing absence for more than three days, occurring in premises coming under the Factories Act, have to be reported to the District Inspector of Factories. In other words the measure you suggest already exists.

Yours, etc.,
RONALD E. LANE.

Nuffield Department of Occupational Health,
University of Manchester.

Death at the Opera

From Mr. A. T. Fripp

SIR,—In an effort to clear up the mystery of Brunhilde and in the hope of earning the gratitude of perturbed Wagnerites, I made some enquiries from a colleague of mine, who is a worker in polio, and enclose part of his reply.

"When Dr. Howard Howe first started this work they had little money and very few monkeys at any one time, so much so that each animal was a treasured possession and all of them were christened. There was a strapping female chimpanzee with a chest like a prima donna who used to sing quite powerfully, so they called her Brunhilde. They stuck some stuff into her which caused the unfortunate lady to go down with paralysis caused by a previously unknown strain of the virus. This is how she came to be immortalized."

Yours, etc.,
31, Devonshire Place, W.1. A. T. FRIPP.

A. R. Thompson

SIR,—It was with some sadness that I read the Obituary Notice of "Rudy" Thompson, which took me back a matter of nearly fifty years to when I was a dental student at Guy's. In those days my hair grew so rapidly that I seemed to be constantly in need of the barber's attention, which apparently gave rise to the following incident, reported to me with some gusto by my fellow students. After some demonstration or other, my name happened to be mentioned and "Rudy" remarked "Hodgson, Hodgson, isn't that the chap who walks about here like a bloody Hamlet?" Despite his "frankness," one could not help liking him; I know I did—very much.

Yours, etc.,
W. ARCHER HODGSON.

Dental Assessment of Tuberculosis

SIR,—We would like to beg the discourtesy of your columns to reply to Messrs. Anderson and Schlime.

We are sorry that clinical observations are not now acceptable unless complicated by a rash of spurious graphs and statistics.

We had hoped that the correlation of dental conditions with pulmonary tuberculosis would have excited the interest of experienced registered medical and dental practitioners from whom we would have expected some helpful criticism.

Yours, etc.,

E. K. PRITCHARD.
G. E. KING-TURNER.

Southwark Chest Clinic,
Walworth Road, S.E.17.

Complainers—A Complaint

SIR,—Where on earth lies any cause for apology in the letters of your two learned contributors? Mr. Tomlyn cannot really be serious. I have tried from every angle I can think of, and in vain, to get any discourtesy or offensiveness out of their remarks. Faced with similar circumstances, even the B.B.C. could hardly manage more than an apologetic cough hidden away somewhere in the 7 a.m. news. I should be very surprised if the original contributors were in the least hurt by the criticisms in question, though they may well have been by Dr. Tomlyn's gratuitous assistance, however well meant.

I cannot imagine that, say, F. Schoenbauer's delightful little monograph "Knöchern eingeheilte Milchzahnreste bei älteren Individuen (Ztschr. f. Stomatol, **29**: 892, 1931) went altogether unrewarded by whatever passes for hilarity in German Common Rooms, but it is not difficult to picture him gritting his teeth, and pressing on, tight lipped, stirred to the depths of his Teutonic soul by the conviction that he was on to something good, and he'd show 'em. Everyone who has sat second B.D.S. fairly regularly will know that, in fact, he *did* show them whatever it was, for his work is immortalized in footnote 8, page 323 of "Orban".

You may be unaware, Sir, that I, too, have suffered. In my younger days I published, after a great deal of work, and at my own expense, an article in the old Halifax *Woollen Times* entitled "The necessity for correctly establishing the date of the ending of Term" intended primarily for Extra-Mural students working in their own homes, but also of use, I thought, to internal students who lose their college calendars.

There was much correspondence, little of it polite, as I remember, though I must admit that my methods may have seemed somewhat revolutionary to established thought at the time, involving as they did, *inter alia*, reference to the state of the ashtrays. The fact that I may safely say that I am now regarded as one of the foremost workers in this field, demonstrates that truth is forged in the fire of criticism, to coin a beautiful phrase.

All this, of course, brings me to the case of my old friend, the referred student Buddle, who was to address the Physiological Society on "The criminal omission of rice polishings from the diet of underprivileged children". For this he borrowed an excellent physiology book (which one of the principals in the case at issue may remember) and retired with it into the library (having enquired the way), for upwards of two hours. Having just become engaged, as was his custom in the Spring, he absentmindedly wandered into the Anatomy Theatre, where he carelessly delivered his paper to the Debating Society. No one, of course, noticed anything amiss, and the respectful excitement which greeted his remarks proved his undoing. Gone was the gay Buddle of the light laugh. He moved into the "Senior Bar" at the Miller, lunched in the Upper Spit, as near to the residents' table as he could safely get, and regularly read his papers to pockets of Young Conservatives up and down Surrey. Later he got some appointment or other at the Foreign Office, it being thought that with all this talk of rice he must be an authority on Far Eastern affairs. Which all goes to show . No, Sir, let's have lots of merriment and, *please*, no apologies afterwards. Whatever thought is sound will be strengthened, and whatever is not so sound will have the greater virtue, perhaps, of having provided a good laugh anyway.

Yours, etc.,

DEREK ROBERTS.

Guy's Hospital,
London, S.E.1.

REVIEWS

Primary Anatomy. By H. A. Cates, M.B., and J. V. Basmajian, M.D. Third Edition. Baillière, Tindall and Cox Ltd. *Price* 46*s*. 6*d*.

This small volume is an attempt to provide an introduction to the study of human anatomy and to present the main features of human topography to diverse groups of non-medical students. This term includes students of physiotherapy, occupational therapy, nursing and others who will have no opportunity of dissecting human material for themselves. The difficulties to be encountered in such an attempt have been overcome in part by careful selection of the subject matter with the elimination of unnecessary detail, and the employment of a systematic rather than a regional approach. The main emphasis has been placed on the locomotor, circulatory and central nervous systems and here the presentation is extremely good, with many stimulating references to functional aspects of the subject. It is refreshing to read of the employment of electromyography in the elucidation of certain functional problems.

The majority of the illustrations have the advantages of simplicity and clarity and the photographs illustrating surface anatomy, although too few in number, are excellent. Text-figs. 153 and 201, however, present a wealth of detail, some of it inaccurate, in an extremely confined space and could well be omitted, as could the brief section on developmental anatomy which has been so drastically abbreviated that it is in part misleading.

There is also a number of statements which the reviewer would like to question. Among these is the generalization that the limitation of a normal joint movement is a gradual process depending upon a progressive tightening of relatively elastic ligamentous structures (p. 75), and the statement that gastrocnemius and soleus "need not be—and in many persons are not—active during easy standing" (p. 181).

With these reservations, the authors have succeeded in producing an interesting book which is easy to read and adequately covers the intended field. However, it is debatable whether the authors' claim that it contains, "much important information not readily available elsewhere" is really justified.

For a volume of this nature, the sum of 46s. 6d. remains a serious consideration.

P.L.W.

The Sociology of the Patient. By Earl Lemon Koos, Ph.D. The McGraw-Hill Publishing Co. Ltd. 2nd Edition. *Price* 36*s*.

At the word 'Patient' our first thoughts fly to sick people, hospitals, heroic doctors, pretty nurses, the hot cup of tea handed out at 4 a.m. to the "regular customer" who awakens at the first rattle of night nurse's tea cup, and how the house surgeon keeps his night starvation at bay with Horlicks in the linen cupboard, and it is with something of a shock that we turn the first pages of this book and find that our patient's case history goes back almost to an amœba in the sea. Perhaps the plain title of Sociology for Nurses would keep our first thoughts from straying.

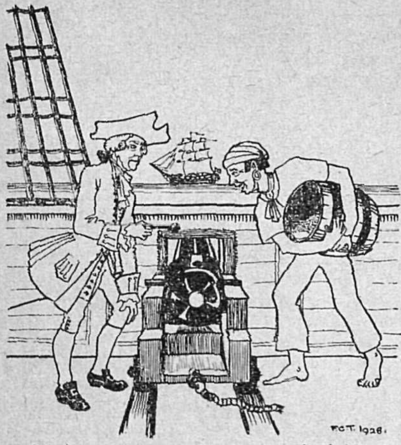
The majority of English nurses, more is the pity, have little inclination to take their minds out of their daily round and common task to digest a book of this wide range yet it has a very real contribution to make in helping us to understand people and it is well worth reading. It tells us why Tom Jones is upset by being taken away from the group habits of his home and environment and plunged into the alarming habits of a hospital.

We understand why Nurse Jones is unsettled when she leaves the sheltering habits of her home and her difficulties in producing a suitable emotional atmosphere in a Nurses' Home. We learn the whole range of human behaviour. That Mores are cultural habits of great concern and Folkways are traditional ways of behaving that are of minor importance. We know how Joe gets his living and about Joe and his government. The effects of illness upon Joe and his family. Why social problems develop. We see the Nurse as a family supplement and as a confidante and many other useful things.

Remembering that this book was written by an American, of and for Americans, we can say it is worthy of a place on our library bookshelf. Dr. Koos should be congratulated upon a well written book.

M.S.G.

Dr. Quicksilver. By L. A. G. STRONG. 1955. Andrew Melrose Ltd. *Price 21s.*



Captain Dover prepares to administer a dose of his famous powder.

Mr. F. C. Tomlyn sends us this drawing which he made some years ago and which most aptly accompanies this review.

The biography of a doctor who was a pupil of Sydenham and a sailing companion of William Dampie could not be dull. Dr. Thomas Dover lived at a time when privateering was a respectable occupation and one in which a physician of repute could engage himself without damage to his reputation. Indeed it seems that Dover's three years of legitimate pirating earned him enough money to use as a sort of superannuation fund.

There is little doubt that the hero of this book was a most difficult character, arrogant and vituperative, but for all that he was a good physician at a time when bad physicians abounded and, even without his striking personality and adventurous life, he would still be remembered today for his clinical abilities, his writing and his powder.

Mr. Strong's book described his forebears and early days and follows his career through to his retirement (for Dover in relative tranquility). There is considerable enthusiasm and scholarship in evidence and the medical or lay reader would be sure of enjoyment. The production of the book is adequate though the outer dust cover is perhaps the gaudiest that this reviewer can remember. As a present for the doctor who enjoys his history applied and diluted this will be a good choice.

P.S.B.

NOTICES

PUPILS' PHYSICAL SOCIETY

The Annual General Meeting will be held in the Physiology Theatre on 2nd January, 1956, at 1.15 p.m. The election of Officers and the future activities of the Society will be considered. All those clinical students who can spare time are urged to attend this meeting.

WELSH AND IRISH INTERNATIONAL RUGBY FOOTBALL MATCHES

The number of tickets allocated to the Hospital has been considerably reduced. Because the demand will exceed the supply it is not possible to allow one applicant to have more than two tickets for each match. Applications from members of the R.F.C. will be considered first and the remaining tickets distributed by ballot. Special consideration will be given to regular non-playing supporters of the R.F.C., if such consideration is requested with the application. Applications for tickets should be made to the Hon. Secretary of the Clubs' Union before 10th January, 1956.

HEARD BY THE CHAIRSIDE

Heard in Children's Department

Mother: 'My boy's being treated by your Dr. Maurice Campbell.'
H.S.: 'Oh yes, can you tell me exactly what for?'
Mother: ' 'E's got one of these angelical 'earts '

Heard in Front Surgery

Patient: 'Last time I had a tooth out I was in prison'.
H.S.: 'Really—what are you doing now?'
Patient: 'I'm working in the House of Commons! '

C.P.B.

SPORT

ASSOCIATION FOOTBALL

Inter-Hospitals' Cup, Second Round

Guy's *v.* St. George's

At H.O.P. on 14th December
Result: Guy's 3, St. George's 2

Guy's recovered from a shaky start, which cost them two goals, to overcome a St. George's team which was considerably better than the side which Guy's defeated easily ten days previously.

Heavy rain had made the pitch soft on top and the white ball was greasy and difficult to control. St. George's were first to master the conditions and for twenty minutes, during which they scored twice and hit the bar once, they were well on top. Guy's who had been playing too close then began to use longer passes and make more use of their wingmen. These tactics soon paid dividends. A corner on the right was well taken by Heath and a partial clearance reached Cornhill who shot a high ball past the goalkeeper to reduce the arrears. A few minutes before half time Maggs put Guy's on terms with a fine goal. He received the ball near the half way line and beat several opponents before crashing in an unstoppable drive.

In the second half Guy's maintained their superiority but desperate tackling and covering by the St. George's defence prevented them from scoring. However, when it seemed that extra time would be needed to decide the issue, Watmore bustled the ball away from the St. George's defence and his shot was diverted into the net by a defender in an attempt to clear. It is unfortunate that Watmore cannot be given the entire credit for the winning goal for he had three other goals dissallowed.

On their second half display Guy's would seem to have a good chance of regaining the cup. They must however settle down more quickly and improve the accuracy of their passing.

Team: Lewis; Missen, Smith; Cornford, Sutton, Fanning; Heath, Maggs (capt.), Watmore, Cornhill, Humphreys.

SQUASH RACKETS

We tender our heartiest congratulations to S. J. S. Lam on winning the Welsh Championship played at Cardiff in November. He beat D. B. Hughes, the Welsh International and holder of the Championship 3—2 in the Final. We wish him the best of luck in the Amateur Championship starting in January.

The first half of the season has now been completed and the 1st V has met with more success than for some years. They are leading the 2nd division of the Cumberland Cup and have been seeded in the Inter-Hospitals' Squash Rackets Cup for which they are well in the running, after beating K.C.H., 5—0.

The club is fortunate in having a strong 2nd V who have won all their fixtures easily. This is a good augury for future seasons. We have a first class coach in Mr. Johnson who is doing much to raise the standard of the game in the Hospital.

The full results are:

1st V

v. Wimbledon S.R.C.. .	Lost	2—3
v. Wellesley S.R.C.	Won	5—0
v. R.N.C. Greenwich. .	Lost	2—3
v. St. Thomas's Hospital	Won	4—1
v. Lensbury S.R.C.	Won	4—1
v. New Grampians S.R.C.	Won	4—1
v. King's College Hospital	Won	5—0
v. Eton Manor S.R.C.	Lost	2—3
v. Jesus College Oxford	Won	5—0
v. Paddington S.R.C.. .	Won	3—2

2nd V

v. Northampton Engineering College	Won	[illegible]
v. Bank of England	Won	
v. Westminster Hospital	Won	
v. Brentwood School . .	Won	
v. John Lewis S.R.C.. .	Won	

The following played for the 1st V.

S. J. S. Lam, M. A. C. Lyon, G. Davies, P. C. Shaw, D. J. Palmer, W. Whition, W. Callum and R. Elsdon-Dew.

ROWING

On the afternoon of Wednesday 7th December, the University of London Trial Eights were rowed over a course of two miles from Syon Lodge to the University boat-house.

This year there were two representatives of Guy's in the trials, M. S. Parrish, who won his trial cap last year before returning to stroke the Hospital first crew throughout a successful season, and G. J. Longson who rowed seven in the same hospital crew. Both the Guy's men were rowing in the "B" trial crew, Parrish at two and Longson at seven.

The race was started by Dr. A. P. McEldowney at Syon Lodge, with "A" crew on the Middlesex station and "B" crew on the Surrey, the latter having the inside of the bend for the last half mile of the course. This was a real advantage for the "B" crew, since there was very little stream running to assist the crew on the outside of the bend.

In the first minute "A" crew, striking 9-19-36 to the 8-16-31 of "B", took a ¾-length lead, but gave the impression of a crew desperate to gain an early advantage, while "B", rowing a lower rate with comparative elegance, looked capable of gaining a couple of lengths at any time they cared to try. By the end of the third minute it was obvious that they were not going to try until the bend was in their favour, and "A" crew, striking 33 to "B" crew's 29, increased their lead to a length, a length and a half and two lengths.

As the bend gave them some advantage "B" crew began to put on the pressure, and in spite of a sustained spurt by "A" they gradually reduced the margin to ¾-length at Kew Bridge, where both coxswains steered courses that made the famous rowing men in the following launches suck at their teeth and shake their silvery heads.

By this time the launches containing the Umpire and the correspondents of several famous journals had fallen far astern. Your own correspondent however, was able to witness the finish, albeit from afar, and found on coming ashore that "A" crew had just managed to keep the lead, although only by a canvas.

The sixteen oarsmen will now be divided into "Probables" and "Possibles" and subjected to some further training before the final selection of the Purple Crew is made.

We congratulate our colleagues on their trial caps, and wish them every success in their final selection.

TABLE TENNIS

The first team have had a very successful season so far, having obtained maximum points from every game. To date their match aggregate is, won 37, lost 3 sets.

Results: Guy's 1. *v.* Q.M.C. 2. Won 9—1.
Team: P. Kurland, A. Akiwumi, P. Ephson.
Results: Guy's 1. *v.* L.S.E. 3. Walkover.

HOSPITAL INFORMATION

APPOINTMENT

Kevin Anderson, M.D.(Lond.), appointed Senior Registrar in Pathology to St. Peter's, St. Paul's and St. Phillip's Hospitals, London, W.C.2.

NURSING NEWS

Entered: S/M D. Wilson

Left: Sister M. Turner
Sister S. Killick
S/N Crofts

Evelina Hospital

Miss E. Edwards
Miss E. Strain } Appointed Staff Nurses
Miss J. R. White

PERSONAL

Special rates for Guy's staff, students, nurses and subscribers to the Gazette. 1 line 2s. 6d., 3 lines 6s. Box Numbers 6d. extra.

Ordinary rates 6s. per line. Box Numbers 9d. extra.

Wanted

GUY'S REGISTRAR marrying January requires unfurnished flat any size. Box No. 127.

For Sale

ROVER CAR—Late 1951, One owner, Serviced at all times by makers, Radio, seen London Bridge. Offers over £650 invited. Box No. 128.

PICTURES OF GUY'S HOSPITAL. Hanslip Fletcher Etchings framed (5 views) 7/6 each—Coat of Arms 5/6—Personal collection only—make welcome gifts—The Manager, *Gazette* Office, 6 St. Thomas' St., S.E.1.

Replies to Box Numbers should be addressed to *Gazette* Office, Guy's Hospital, London, S.E.1.

PASS LIST

UNIVERSITY OF OXFORD
Final B.M. Examination
Michaelmas Term, 1955
Medicine, Surgery and Midwifery
Angela M. Howe

ROYAL COLLEGE OF SURGEONS OF ENGLAND
F.R.C.S.
Final Examination
November, 1955

J. W. Bradbeer
J. L. Hayward
*D. F. N. Harrison

* Otolaryngology

L.D.S.
Second Examination
December, 1955

A. H. Black
F. G. Fabian
J. N. Gray
A. W. Harris
D. F. Howard
A. H. Noll
M. S. Parrish
K. Redford
J. A. Rejman
D. A. Sabel
C. H. Wege
A. W. Wheelhouse

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS
Diploma

J. C. B. E. Carreras
R. C. Francis
P. J. Frost
I. C. Fuller
J. M. D. Hooper
M. J. Hunter
C. E. Lay
E. J. Masters
R. G. Orr
J. H. Peters
A. J. Salmon
P. V. Skinner
Dorothy J. Whitney
J. T. N. Williams

CONJOINT BOARD
L.R.C.P., M.R.C.S.
December, 1955

Chemistry
F. P. Parisi

Physics
M. H. Craft
Ellen Dybing
T. Lloyd
R. H. Podd

Elementary Biology
S. A. Chan

CHARTERED SOCIETY OF PHYSIOTHERAPISTS

Final Examination

Miss Adams
Miss Bone
Miss Cartwright
Miss Davies
Miss Jeacocke
Miss Poulton—*Credit*
Miss Prior
Miss Prole
Miss Pilditch
Miss Smith
Miss Sutton
Miss Randal
Miss Allen
Miss Kelly—*Credit*
Miss Rogers

FINAL STATE EXAMINATION FOR THE SICK CHILDREN'S NURSES' REGISTER

Miss J. Allen
Miss E. Edwards
Miss F. Johnson
Miss E. Strain
Miss J. L. White

PAPERS BY GUY'S MEN

In order to make this list as complete as possible, Guy's men whose papers have not been noted in this column are asked to send the Editor details of their publications.

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CHANGES OF ADDRESS

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Dennis Harris, M.B., B.S., Kitimat, B.C., Canada.

I. Singer, B.D.S., L.D.S.R.C.S., 55 Draycott Avenue, Kenton, Harrow, Middx. (Tel.: Wordsworth 1172).

J. D. Trethowan, F.R.C.S., from Redmayes, Oakwood Close, Chislehurst, to Frogs Hole, Goudhurst, Kent. (Tel.: Goudhurst 213).

BIRTHS

AFFLECK.—On 14th December, 1955, at the West Kent General Hospital, Maidstone, to Kathleen (née Sanders, S.R.N.) and Bob Affleck, A.H.A., of Preston Hall Hospital, Maidstone, a daughter, Lorna Katherine, a sister for Janice.

DODSHON.—On 28th September, 1955, to Ruth, wife of D. Dodshon, B.A., M.R.C.S., L.R.C.P., a third son (Piers Guy).

HILL.—On 25th October, 1955, at Guy's Hospital, to Patricia (née Blood), wife of Peter J. Hill, F.D.S., a son (Anthony Guy), a brother for Daphne.

MATHIAS.—On 30th November, 1955, at Queen Mary's Hospital, Hong Kong, to Joy, wife of Surg. Lt. (D) Frank R. B. Mathias, R.N., a daughter (Elizabeth Jane).

MURRAY.—On 8th November, 1955, at Dumfries, to Elizabeth, wife of E. A. Murray, M.B., D.Obst.R.C.O.G., a daughter (Elizabeth Mary).

TRETHOWAN.—On 15th December, 1955, at Farnborough Hospital, to Daphne (née Isitt) and John Trethowan, a sister (Nicola Clare) for Jane and Hugh.

WILLIAMS.—On 4th December, 1955, to Irene, wife of Peter L. Williams, a daughter (Lyn Patricia).

DEATH

WINSTON.—On 15th December, 1955, Mr. J. H. E. Winston, Appointments Officer, Guy's Hospital Medical School and Secretary of the School, 1925-50.

EDS. { P.S.B.
T.W.H.

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